

Sept. 1, 2007

DIEGO H. LAMADRID
 CDC #: P-98764 F4-20-126 Low
 P.O. Box 799004
 S.D. CA 92179

DEPT OF CORRECTIONS
 PAROLE REGION IN HEADQUARTERS
 OFFICE OF APPEALS COORDINATION
 21015 PATHFINDER ROAD SUITE 200
 DIAMOND BAR, CA 91765

DEAR MR. APPEALS COORDINATION

IN RESPONSE TO YOUR LETTER ON 4-12-07
 AFTER B.P.H. P.O. & TRISTAN SPOKE TO ME IN
 FRONT OF C/O WHEELER REGARDING 602. HE
 GAVE ONLY ONE OPTION WHERE TO SEND. I
 DO NOT HAVE FAMILY IN THE U.S. THAT I
 KNOW EXCEPT KIDS UNDER 18. WHICH I DID
 NOT KNOW THEIR ADDRESS. MY OLDEST DAUGHTER
 IS IN IRAQ HER ADDRESS IS IN MY WALLET.
 I HAVE YET TO COMMUNICATE WITH HER. ANY-
 WAY'S P.O. TRISTAN SENT ME BACK THE
 602 ON A LETTER POST MARKED 4-17-07
 INFORMING ME HE COULD NOT FIND THE
 ADDRESS (IT IS A CHURCH). SO HE WOULD
 KEEP PROPERTY IN EVIDENCE.

DOES THAT MAKE DEPARTMENT LIABLE
 FOR A MONEY ORDER THAT AT THE END OF
 SEPTEMBER WILL BE NO GOOD (1 YEAR WILL
 BE UP) IT IS FOR \$200.- IF SO I WILL
 SEND FORM BC-1E OR PC 1540 WITH IT?

SO WHY WOULD I EVEN CONSIDER
 GOING TO CUSTOMS IF NOW WE BOTH KNOW
 WHERE IT IS. THAT IS WHY IT SAYS "PROPERTY"

FROM S. TRISTAN" IN 602'S. HE IS THE ONLY ONE THAT KNOWS NOW WHERE IT IS. 602 SAYS CLEARLY "HE (TRISTAN) SAID, DOT IN EVIDENCE HIS OFFICE IN CITULA VISTA" SO AGAIN WHY WOULD I CONTACT U.S. CUSTOMS? IF MR. S. TRISTAN ONE, ADMIT HE HAS IT TWO, DOT IN EVIDENCE ROOM.

SO NOW I WILL SEND YOU A WAY TO BYPASS INFORMAR. SINCE MY EYE SIGHT IS $(\frac{20}{200})$ WORSE THAN. I WEAR A "VISUAL IMPAIRMENT" VEST BECAUSE I HARDLY CAN SEE. ALSO THERE IS ADDRESSES AND PHONE NUMBERS FOR MY DEFENSE. SHOULD I WAIT TILL I GET TO COURT TO GET THESE? SINCE I DO HAVE A CHOICE AT THIS POINT APPELLATE OR U.S. DISTRICT COURT. AS I SAID MONEY ORDER WILL BE NO GOOD AFTER 1 YEAR. WHY WOULD I WANT IT WHEN NO GOOD? IS COR 3191(d) "I'M NOT SEND ~~PROPER~~ PERSONAL PROPERTY TO ANY STATE AGENCY OR AGENT OF THE STATE" FAILURE TO COMPLY MAY RESULT IN DISCIPLINARY ACTION AND CONFISCATION AND/OR DISPOSAL OF THE PROPERTY INSIDE THE ENVELOPE WILL BE A 1824 REGARDING MY GLASSES. BUT ALL PROPERTY WITH GLASSES I WANT. SINCE MY GLASSES IS AN 1824 ISSUE! ADA!

Sincerely
Diego Tambores

PS. DO YOU WANT ENVELOPE POST MARKED 4-14-07 FROM "STAMPED ADDRESS" 765 THIRD AVENUE SENT FROM P.O. TRISTAN?

JULY 29, 2007

TO: K. E. THACKER
PAROLE AGENT II, APPEALS COORDINATOR
REGION IV PAROLE HEADQUARTERS
21015 PATHFINDER ROAD Ste. 200
DIAMOND BAR, CA. 91765

RE: 602 AND PROPERTY

DEAR MR. THACKER,

I RECEIVED THE LETTER WITH THE COPY OF THE 602 THIS MONTH, ON 7-5-07 YOU SENT MY P.O. D. TRISTAN FOR ONCE AGAIN INFORMAL REVIEW. I HAVE YET TO RECEIVE AN ANSWER TO THIS. HE IS IN CHULA VISTA. THE 602 IS ABOUT PROPERTY HE HAS OF MINE. GLASSES, WATCH, WALLET AND OTHER PERSONAL PROPERTY THAT MUST BE REGISTERED (IS CCR 3191). HE GAVE ME FIRST INFORMAL AFTER B.P.H. I SENT TO APPEALS COORDINATOR AND HAVE NOT GOTTEN RESPONSE. THAT WAS ON 4-12-07. NEW APPEAL STARTED 6-18-07, WITH LETTER FIRST ON 5-24-07. PLEASE LET ME KNOW WHAT ELSE TO DO IN THIS MATTER.

FROM:

DIEGO H. LAMADEIA
CDC # P-98764
P.O. Box 799004
S.F. CA 94179

Sincerely
Diego Lamadeia

over


SO NOW I SEND WITH POSTAGE. STILL
HAVE NOT HEARD FROM GOZ YOU SEND MY P.O.
D. TRISTAN FOR INFORMATION ONCE AGAIN.
SO WHAT TO DO NOW?

NEED PROPERTY AS TAKEN BY BORDER PATROL.
WALLET, WATCH, GLASSES, PERSONAL
PROPERTY IN WALLET - PAPERS, ECT. TO
BE TAKEN TO R & R SEPARATE
INDEXED (INVENTORY) PER 15 CCR 3191 OR
ACCEPT LIABILITY PER 15 CCR 3193 (b); OF ALL
ITEMS THEREOF AND THEM.

Sincerely
Dopo Mahal

San Diego

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Section 515 Requests

Report
Suspicious Activity to
1-800-BE-ALERT

San Diego**Field Operations Office Information**

Location Address: **610 W. Ash St
Suite 1200
San Diego, CA 92101**

Mailing Address: **Same As Above**

General Phone: **(619) 652-9966 Ext: 100**

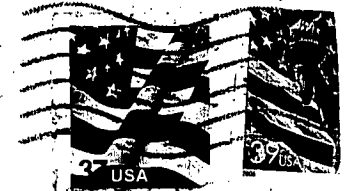
General Fax: **(619) 557-5394**

Operational Hours: **8:00 AM - 4:30 PM (Pacific)
Weekdays (Monday-Friday)**

see also**in Field Op
Offices:**

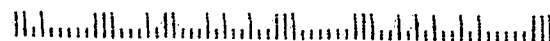
Atlanta, GA
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El Paso, TX
...more

D.H. LAMADEIS
P-98764 FY-20-126 SAN DIEGO CA 921
P.O. Box 799004
S.D. CA 92179
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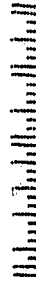
CPCR
REGION OFFICE IV
21015 PATHFINDER RD.
DIAMOND BAR, CA. 91765

91765-4018




La Madrid , Diego H.
P-98764 Elm Hall #175
P.O. Box 500
Chinc. , CA. 91708

Director of Corrections
P.O. Box 942883
Sacramento , CA 94283-0001
Attn: Chief, Inmate Appeals



San Diego

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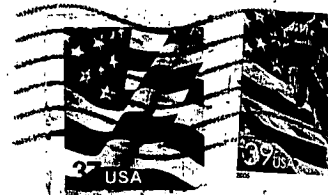
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DH. LAMADRID
P-98764 FY-20-126 SAN DIEGO CA 921
P.O. Box 799004 25 MAY 07PM 10 T
S.D. CA 92179

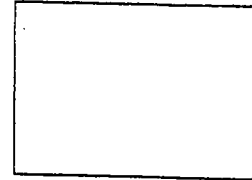


CDCR
REGION OFFICE IV
21015 PATHFINDER RD.
DIAMOND BAR, CA. 91765

01783+4012



EXHIBIT COVER PAGE



EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: _____ PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: September 21, 2007

To: LaMadrid, D.
P98764
Richard J. Donovan Correctional Facility at Rock Mountain

Subject: **SECOND LEVEL APPEAL RESPONSE**

LOG NO.: RJD-07-01793

APPEAL ISSUE:

It is the appellant's position that his medical/mental condition has not been properly diagnosed, which has led to pain to his hand, allergies and mental health concerns.

The appellant's appeal has been responded to at the Informal and First Level of Review, which resulted in granted decisions. He has been medically evaluated for his complaints on a continuous basis at the Richard J. Donovan Correctional Facility, and has received approximately 19 prescriptions for his conditions.

The appellant's argues that his condition is not improved and is requested proper medication to correct his concerns.

INTERVIEWED BY: Waived in accordance of California Code of Regulations (CRC)
Section 3084.5 (f) (2)

REGULATIONS: The rules governing this issue are California Code of Regulations (CCR), Title 15, Sections:

CCR 3350 – Provisions of Medical Care and Definitions
CCR 3355 – Health Care Examinations

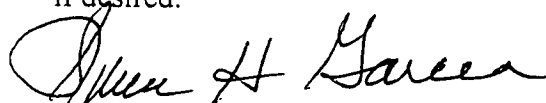
APPEAL RESPONSE:

A review of the "Effective Communication List for Inmates With Test of Adult Basic Education Reading Scores of 4.0 or Less" reveals that the inmate does not require assistance in order to achieve effective communication.

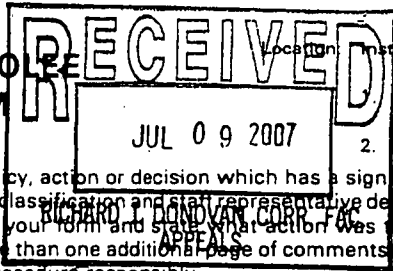
On September 10, 2007, the appellant had transferred to the California Institute for Men, where further medical treatment and evaluations can be performed.

APPEAL DECISION: The appeal is granted the Second Level of Review.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



Silvia H. Garcia
Chief Deputy Warden
California Department of Corrections and Rehabilitation
Richard J. Donovan Correctional Facility at Rock Mountain

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location Institution/Parole Region

RJD

Log No.

1. 07-1793

Category

8
MID

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMARIS	P-98764	NA	4-20-126

A. Describe Problem: I KEEP ON PUTTING MEDICAL REQUEST FOR SAME THINGS AND THEY STILL DO NOT TAKE CARE OF THEM. GLASSES WITH P.O. OR SEE OPTOMETRIST.

MENTAL HEALTH WILL INVOLVE DEEP PERSONAL AND PRIVATE MATTERS. SO I'LL NEED TO TRUST THEM. IN VIOLATION OF PLATA ARMSTRONG AND COLEMAN, WHICH JUST CONTINUES NO MATTER HOW MANY MEDICAL SLIPS OR INMATE REQUEST I PUT IN. WITH 1824! HAND ALLERGIES, & PSYCH.

If you need more space, attach one additional sheet.

B. Action Requested: TO KNOW HOW MUCH CHARGE TILL NOW? IF YOU DID PUT BACK ON BOOKS. P.O. FOR GLASSES OR OPTOMETRIST. ALLERGY HAND. APPOINTMENT WITH PSYCHOLOGIST & PSYCHIATRIST ALSO ALLERGY(S) THAT DON'T GO AWAY/GET RIGHT MEDICATIONS FROM PSYCH.

Inmate/Parolee Signature: Waldo P. Woodard Date Submitted: 7/5/07

C. INFORMAL LEVEL (Date Received: JUL 17 2007, Partially Granted)
Staff Response: YOU WERE SEEN BY YOUR FACILITY PROVIDER ON JULY 11, A REFERENCE WAS COMPLETED FOR OPTOMETRY, YOU WERE PRESCRIBED BODY LOTION, ALLERGY MEDICATION. IN ORDER TO DISPUTE CHARGES, YOU NEED TO PROVIDE A TRUST ACCOUNTING STATEMENT AND SUPPLY MORE INFORMATION, AS IT IS UNUSUAL TO HAVE NO REQUESTS FOR HEALTH CARE SERVICES WAS LOCATED IN YOUR MEDICAL FILE. SUBMIT TO MENTAL HEALTH FOR AN APPOINTMENT.

Staff Signature: John Rivera Date Returned to Inmate: 7/19/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

ALLERGY MEDICATIONS DOCTOR SAID ENDS IN 30 DAYS YET ALLERGIES I'VE HAD FOR 30 YEARS. TO RE-FILL ALL ALLERGY MEDICATIONS TILL RELEASE. ALSO FIX RIGHT INDEX FINGER THAT HAS LIMITED MOBILITY WITH EXCESSIVE PAIN, AND BACK YOU HAVE HISTORY. TWO (2) PSYCH MEDICATION HAVE ENDED WITH NO RE-FILL, NEED RIGHT ONE

Signature: Waldo P. Woodard Date Submitted: 7/24/07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

07-1793

First Level

☒ Granted☐ P. Granted☐ Denied☐ Other

SEP 07 2007

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: III 27 2007Due Date: 07

Interviewed by: PER PATIENT PROFILE, YOU HAVE BEEN PRESCRIBED ALLERGY MEDICA AND PSYCH MEDS FOR 90 DAYS. YOU HAVE NOT BEEN ENDORSED AS OF YET, NO RELEASE DATE FOR PRESCRIPTION RENEWALS. PER X-RAY TAKEN 5/30/07 YOU HAVE A HEALED FRACTURE AND YOU ARE CURRENTLY PRESCRIBED PAIN MEDICATION. IF YOU HAVE BACK PAIN COMPLETE A HEALTHCARE SERVICES REQUEST FORM TO BE SEEN BY YOUR FACILITY PROVIDER. YOUR APPOINTMENT WAS 8/1/07 WITH A PSYCHIATRIST AND 7/26/07 WITH A PSYCHOLOGIST

Staff Signature: [Signature]Title: SMITHDate Completed: 8-14-07

Division Head Approved

Signature: [Signature]Title: BRITTEReturned AUG 16 2007

Date to Inmate:

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

GRANTED - WELL IN COMPLETE EXTREME PAIN, IF MOVE @ INDEX FINGER PER X-RAY 8/9/07 STILL BROKEN. FEW SYMPTOMS BUT NOT LIMITED TO SLEEPINESS, CONFUSION, LACK OF BALANCE, DIZZINESS, LIGHT HEADED FROM VERY BAD BODY TEMPERATURE CONTROL AZMA IS GIVING REAL TROUBLE. VIOLATION STILL OF PLATA, COLEMAN & ARMSTRONG. THAT IS RESULT OF 19 MEDICATION AND HEAT STRESS, POOR AIR FLOW. NEED MEDICATION ADJUSTMENT, COMPLY WITH 1824. REP-C PROBLEMS AND S.T.P.

Signature: [Signature]Date Submitted: 8/26/07

Second Level

☒ Granted☐ P. Granted☐ Denied☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: AUG 22 2007Due Date: SEP 20 2007☒ See Attached LetterSignature: M. STOUTDate Completed: 9/21/07Warden/Superintendent Signature: [Signature]Date Returned to Inmate: SEP 25 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter

Date: _____

Includes Current Prescriptions as of 08/08/2007

P-98764 LAMADRID, DIEGO CURRENT UNIT: B20-126L
ALLERGIES: DOB: / / HT: ft in WT: 0
=====

START	Rx/Qty	DRUG	PHYSICIAN	STOP
07/11/2007	924468	IBUPROFEN 800MG	SILVA, JASON	10/09/2007
NG	60	TAKE 1 TABLET EVERY 8HRS AS NEEDED FOR PAIN RR		B20-126L
07/11/2007	924478	TRIAMCINOLON 0.1% CR 80GM	SILVA, JASON	10/09/2007
NG	1	APPLY TO AFFECTED AREA TWICE DAILY AS NEEDED		B20-126L
07/11/2007	924480	BODY LOTION 266ML	SILVA, JASON	10/09/2007
NG	0	APPLY AS DIRECTED *NF NEEDS APPROVAL*		B20-126L
07/11/2007	924484	SELENIUM SULFIDE 2.5% LOT	SILVA, JASON	10/09/2007
NG	1	APPLY AS DIRECTED RR		B20-126L
07/24/2007	930679	ARTIF TEARS OPH SOLN 15ML	SHUTE, GARY	10/22/2007
ABB	1	INSTILL 1 DROP TO EACH EYES EVERY 3HRS RR		B20-126L
08/03/2007	935024	ALBUTEROL SULFATE HFA INH	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS EVERY 4-6HR AS NEEDED RR		B20-126L
08/03/2007	935026	TRIAMCINOLONE (AZMACORT)	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS DAILY IN THE MORNING AND AT BEDTIME RR		B20-126L
08/03/2007	935028	OMEPRazole 20MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935030	ACETAMINOPHEN 325MG	LEHV, LEVI	11/01/2007
LB	60	TAKE 2 TABLETS EVERY 4-6 HOURS AS NEEDED RR		B20-126L
08/03/2007	935033	FLUNISOLIDE NASAL SPRAY	LEHV, LEVI	11/01/2007
LB	1	2 SPRAYS TO EACH NOSTRIL TWICE A DAY(MAX 1 BOT/90D		B20-126L
08/03/2007	935035	LORATADINE 10MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 TABLET DAILY AR		B20-126L
08/03/2007	935036	HYDROCORTISONE CR 1% 30GM	LEHV, LEVI	11/01/2007
LB	1	APPLY TO AFFECTED AREA TWICE DAILY RR		B20-126L
08/03/2007	935038	DOCUSATE SODIUM 100MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935039	METHOCARBAMOL 750MG	LEHV, LEVI	11/01/2007
LB	45	TAKE 1 TABLET 3 TIMES DAILY AR/15D		B20-126L
08/07/2007	937011	VALPROIC ACID 250MG	RAMSEY, H.	11/05/2007
NG	120	4 PO QPM AR		B20-126L

=====

Includes Current Prescriptions as of 08/08/2007

P-98764 LAMADRID, DIEGO CURRENT UNIT: B20-126L
ALLERGIES: DOB: / / HT: ft in WT: 0
=====

START	Rx/Qty	DRUG	PHYSICIAN	STOP
08/07/2007	937013	SERTRALINE 100MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937015	ARIPIPIRAZOLE 10MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937016	TRAZODONE 50MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937018	DIPHENHYDRAMINE 50MG*	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L

INMATE APPEAL ROUTE SLIP

To: MED

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL

Due Date: 09/07/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ROUTE SLIP

To: APPEALS

Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: MEDICAL

Due Date: 09/20/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: September 20, 2007

To: LaMadrid, P-98764
Richard J. Donovan Correctional Facility at Rock Mountain

Subject: SECOND LEVEL APPEAL RESPONSE LOG NO.: RJD 07-1800

ISSUE:

The inmate is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR) Log # F1-07-159, for "Mutual Combat," dated May 4, 2007. It is the inmate's position that he has had trouble with meds is still not on the right psych meds. He has been CCMS and EOP and then back to CCMS.

The inmate requests on appeal that the RVR Log # F1-07-159, for "Mutual Combat," dated May 4, 2007 be dropped and 61 days restored and all copies of the 115 be returned.

INTERVIEWED BY: The inmate was not interviewed as he has transferred to CIM and the Inmate Appeals Coordinator has determined that the interview would not provide additional facts.

REGULATIONS: The rules governing this issue are:

**California Code of Regulations, Title 15, Section (CCR) 3005.
Conduct.**

CCR 3084.5. Levels of Appeal Review and Disposition.

CCR 3315. Serious Rule Violations.

A review of the "Effective Communication List for Inmates With Test of Adult Basic Education Reading Scores of 4.0 or Less" reveals that the inmate does not require assistance in order to achieve effective communication. It is noted the inmate claims primary language is not English.

The inmate received RVR Log # F1-07-159, for "Mutual Combat," dated May 4, 2007. This charge was classified as a division "D" offense. The inmate received a copy of the RVR on May 13, 2007, within 15 days of the date of discovery. He appeared at the disciplinary hearing on June 3, 2007, and entered a plea of guilty. The SHO noted the inmate was not a participant in the Mental Health Services Delivery System at the Enhanced Outpatient Level of care. A CDC 115X was completed and reviewed and the inmate's; mental disorder did not appear to be a contributing factor in the behavior that led to the RVR. The SHO noted that a staff assistant was assigned in accordance with CCR Section 3315 (d) (2) (A). An Investigative Employee (I.E.) was not assigned in accordance with CCR section 3315 (d)(1). The inmate did not request the presence of witnesses at this hearing. The inmate pled guilty to the charges. The SHO found the

LAMADRID, P-98764
CASE NO. 07-1800
PAGE 2

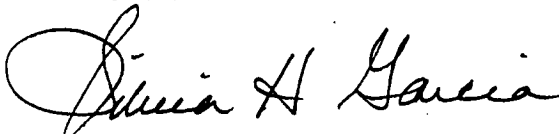
inmate guilty of the charge of CCR Title 15, Section 3005(c), RVR Log # F1-07-159, for "Mutual Combat." This was based upon the preponderance of evidence which consisted of the Reporting Employee's written report, the CEC 115X and the inmate's admission of guilt when he entered his plea. The SHO assessed 61 days loss of behavioral credit, consistent with a division "D" offense. On June 7, 2007, the Chief Disciplinary Officer confirmed the findings of guilt and the disposition.

The inmate alleges that his adjustment to medications and his participation in the Mental Health Services Delivery System is justification for dismissing the RVR. The SHO addressed this issue appropriately. A CDC 115X was prepared and reviewed before a decision was made by the SHO. The SHO also ensured that a Staff Assistant was assigned to the inmate. The SHO's decision was reviewed and confirmed by the CDO. The inmate has not supplied any information or compelling evidence to refute the findings of the SHO. At the Second Formal Level of Review, the SHO's decision is supported.

The inmate's request that the RVR Log # F1-07-159, for "Mutual Combat," dated May 4, 2007 be dropped and 61 days restored and all copies of the 115 be returned is denied.

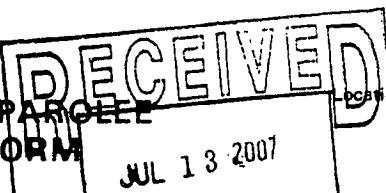
DECISION: The appeal is denied.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

A handwritten signature in cursive script, reading "Silvia H. Garcia". The signature is written in dark ink and is positioned above the printed name and title of the signatory.

Silvia H. Garcia
Chief Deputy Warden
California Department of Corrections and Rehabilitation
Richard J. Donovan Correctional Facility at Rock Mountain

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)



Location: Institution/Parole Region

Log No.

Category

1. RJD
2. _____

1. 07-1800
2. _____

ASC

You may appeal any policy action or decision that has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>LAMARRIO, DIEGO</u>	<u>P98764</u>	<u>NA</u>	<u>F4-20-126</u>

A. Describe Problem: ENGLISH NOT PRIMARY LANGUAGE. THIS IS A 3084.7 (6) DISCIPLINARY APPEAL. LOG NUMBER FOR REGARDING RVR FI-07-159. MAY BE FIRST APPEAL WAS A 3 POINTER SINCE IT WAS IN MIDDLE OF PLAYOFF. THANKS FOR 2ND ATTEMPT ANSWER. NOW APPEAL ABOVE 115 DISPOSITION. AM STILL NOT ON RIGHT PSYCH MESS. HAVE BEEN CCCHS THEN EOP BACK TO CCCHS. HAVING REAL TROUBLE WITH MESS. BUT I APPEAL DISPOSITION OF ABOVE 115. INSIDE ONLY COPY OF 115 I HAVE BY LT. G.N. CLARKE ON 6-3-07

If you need more space, attach one additional sheet.

B. Action Requested: APPEAL DISPOSITION OF RVR FI-07-159. THAT OF 61 DAYS FOR FUTURE CREDIT BE DROPPED. RETURN AND GIVE ALL COPIES OF 115

Inmate/Parolee Signature: Diego LamarrioDate Submitted: 7/16/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

07-1800

First Level

☐ Granted☐ P. Granted☐ Denied☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____

Due Date: _____

Interviewed by: _____

BYPASS

Staff Signature: _____

Title: _____

Date Completed: _____

Division Head Approved: _____

Returned: _____

Signature: _____

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Second Level

☐ Granted☐ P. Granted☒ Denied☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

JUL 27 2007

Due Date: _____

SEP 07 2007

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

SEP 24 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION

☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter

Date: _____

DATE CDC 804 SNET TO RECORDS: *F-1-07*BY: *K Yang*

STATE OF CALIFORNIA

RULES VIOLATION REPORT

DEPARTMENT OF CORRECTION

(159)

CDC NUMBER P-98764	INMATE'S NAME LAMADRID, D. (3)	RELEASE/BOARD DATE	INST. RJDCF	HOUSING NO. F1-01-226U	LOG NO. F1-07-159
VIOLATED RULE NO(S) 15 CCR 3005(c)		SPECIFIC ACTS MUTUAL COMBAT	LOCATION F1-01-226	DATE 05/04/07	TIME 0955 HRS.
CIRCUMSTANCES					

On Friday, May 04, 2007, at approximately 0955 hours, while performing my duties as Facility One, Housing Unit One Floor Officer, I was standing at the dayroom floor podium when I heard a noise from cell 226. I went to see what was going on, I observed Inmate LAMADRID, D., P-98764, F1-01-226U and Inmate HILL, S., E-52167, F1-01-226L engaging in mutual combat. I activated my personal alarm. Correctional Officer O. Alvarado came up the stairs and we both ordered them to get down. They complied. Officer Smotherman opened the door, Officer Alvarado ordered Inmate LAMADRID to step out of the cell and face the wall and cuffed him. I ordered Inmate HILL to step out of the cell and face the wall and I cuffed him. Responding Staff escorted both inmates to P.S.U. to get medically evaluated. They are both participants in the Reception Center Mental Health Services Delivery System at the Enhanced Out Patient level of care. Inmate LAMADRID is aware of this documentation.

MHSDS: EOP

REPORTING EMPLOYEE (Typed Name and Signature) ► PARAGON, R., CORRECTIONAL OFFICER	DATE 5/4/07	ASSIGNMENT VISITING RELIEF 2/W	RDO'S M/T
REVIEWING SUPERVISOR'S SIGNATURE ► KOLUDROVIC, D., P.S.U. SERGEANT	DATE 5/1/07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 5/10/07	CLASSIFIED BY (Typed Name and Signature) A. SEIBEL, FACILITY ONE CAPTAIN
HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> P		COPIES GIVEN INMATE BEFORE HEARING	
CDC 115	BY: (STAFF'S SIGNATURE) ► C. J. [Signature]	DATE 5-13-07	TIME 1130
INCIDENT REPORT LOG NUMBER: N/A	BY: (STAFF'S SIGNATURE) ► T. R. [Signature]	DATE 5/8/07	TIME 1230

On June 3, 2007, at approximately 0745 hours, Inmate LAMADRID, appeared before this Senior Hearing Officer (SHO), for hearing of Rules Violation Report (RVR) Log No. F1-07-159. Inmate LAMADRID stated he was in good health, and all charges against him were read to him and he was advised of the purpose of this hearing. All time constraints have been met, and all pertinent reports were issued to the inmate twenty-four (24) hours prior to this hearing. He was also informed he will be issued a final copy of this report (the completed Rules Violation Report RVR) and findings upon the final review by the Chief Disciplinary Officer (CDO). Inmate LAMADRID did not object to proceeding with the hearing. The inmate is a participant in the Mental Health Services Delivery System (MHSDS) program at the Enhanced Out Patient (EOP) level of care. A CDC-115X was completed based on the defendants level of care. Information provided by clinical staff indicates the inmate's mental disorder does not appear to be a contributing factor in the behavior that led to the RVR. Additionally, it is decided that the inmate is guilty of the charges, there are no mental health factors that the SHO should consider in assessing the penalty. Inmate LAMADRID is not a participant in the Developmentally Disabled Program (DDP), and his Grade Point Level is above 4.0. Inmate LAMADRID was not assigned an Investigative Employee (IE) in accordance with CCR 3315(d) (1)(A) 1,2,3, because the issues are not complex and do not require further investigation. Also, the inmates housing status makes it likely he will be able to collect evidence and present an adequate defense.

ACTION BY: (TYPED NAME) J. N. CLARKE, Correctional Lieutenant	SIGNATURE [Signature]	DATE/TIME 06/03/07 07:45
REVIEWED BY: (SIGNATURE) ► K.A. SEIBEL, Facility Captain (A)	DATE 6/4/07	CHIEF DISCIPLINARY OFFICER'S SIGNATURE [Signature]
BY: (STAFF'S SIGNATURE) ► C/o K Yang	DATE 6/8/07	TIME 1300

CDC 115 (7/88)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER P-98764	INMATE'S NAME LAMADRID, D. (4)	LOG NUMBER F1-07-159	INSTITUTION RJDCF	TODAY'S DATE 6/03/07
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

Hearing.....Continued:

Inmate LAMADRID was assigned a Staff Assistant (SA) in this matter in accordance with CCR 3315(d)(2)(A) 1,2,3, because of his inclusion in the MHSDS program at the EOP level of care.

Correctional Officer P. Puerling was assigned as the Staff Assistant (SA) on May 13, 2007.

On May 13, 2007, Officer Puerling met with Inmate LAMADRID and fully explained the disciplinary process, more than twenty-four (24) hours prior to this hearing.

On June 3, 2007, Officer Puerling was unassigned as Staff Assistant, and Correctional Officer J. Rodriguez was assigned. Officer Rodriguez was present for this hearing.

Inmate pled Guilty to the charges, and he declined to make a statement.

Evidence Relied On During The Hearing:

- CDC-115 Rules Violation Report dated May 4, 2007, issued to the inmate on May 13, 2007.

No witnesses were requested by the inmate as indicated on the CDC-115A.

SHO finds Inmate LAMADRID Guilty of CCR 3005(c) Force & Violence, specifically, Mutual Combat, based on a preponderance of evidence, which substantiates the charges.

Reason For Findings:

- The Circumstances Section of the RVR as authored by Reporting Employee, Correctional Officer R. Faragon, which states in part..."I observed Inmate LAMADRID, D., P-98764, F1-01-226U, and Inmate HILL, S., E-52167, F1-01-226: engaging in mutual combat..."

- The SHO also considered the inmates' guilty plea at this hearing.

- The SHO reviewed and considered the CDC-115X Mental Health Assessment in assessing the penalty.

Disposition: Assessed sixty-one (61) days' Work time Credit forfeiture for a Division "D" offense.

Inmate LAMADRID was advised of his right to appeal this action in accordance with CCR 3084.1.

Inmate LAMADRID was advised of the credit restoration request procedures in accordance with CCT 3327/3328 and of the disciplinary-free period requirement in accordance with CCR 3327(b).

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER J.N. CLARKE, Correctional Lieutenant	DATE SIGNED 6/03/07	
	GIVEN BY: (Staff's Signature) C. K. Yang	DATE SIGNED 6-8-07	TIME SIGNED 1300



SERIOUS RULES VIOLATION R/ CRT

CDC NUMBER P-98764	INMATE'S NAME LAMADRID, D.	VIOLATED RULE NO(S). 3005(c)	DATE 5/4/07	INSTITUTION RJDCE	LOG NO. F1-07-159
-----------------------	-------------------------------	---------------------------------	----------------	----------------------	----------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION N/A	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE	DATE

STAFF ASSISTANT

<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE	DATE
<input checked="" type="checkbox"/> ASSIGNED	DATE 5-13-07	NAME OF STAFF FERRER, J.
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF N/A
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE/INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE		DATE	
<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE		BY: (STAFF'S SIGNATURE) J. J. J.	TIME 1135
		DATE 5-13-07	

REVIEWING CUSTODY SUPERVISOR

A Rules Violation Report (RVR), CDC 115, has been written on the following inmate, who requires a mental health assessment.

Inmate Name: LAMADRID, D. CDC Number: P-98764
 RVR Log Number: F1-07-159 Date of Violation: 05/04/07 Housing: F1-01-226U 20-12
 Specific Act Charged: MUTUAL COMBAT

The inmate's current Mental Health Level of Care is: (check one)

☐ NOT IN MDSDS PROGRAM ☒ CCCMS ☒ EOP ☐ MHCB ☐ DMH
 *CCCMS AND NON-MHSDS PROGRAM PARTICIPANTS WILL BE REFERRED FOR A MENTAL HEALTH ASSESSMENT FOR "BIZARRE, UNUSUAL OR UNCHARACTERISTIC" BEHAVIOR.

Sent to Mental Health: 5-11-07 By: C/O K YOUNG 1 C/O K Young
Date Print Name Signature

Return this form to: FAC 1 By: ASAP (CCCMS and non-MHSDS, 5 working days, EOP/MHCB/DMH, 15 calendar days)
PROG. OFF.

MENTAL HEALTH CLINICIAN

Use "Lay terms" for responses

Conducted non-confidential interview: 5/17/07 (Inmate informed of non-confidentiality).
Date

1. CCCMS/NON-MHSDS only. Are there any mental health factors that would cause the inmate to experience difficulty in understanding the disciplinary process and representing his/her interests in the hearing that would indicate the need for the assignment of a Staff Assistant?

☐ Yes ☐ No Explain "yes" response: _____

2. In your opinion, did the inmate's mental disorder appear to contribute to the behavior that led to the RVR?

☐ Yes ☒ No Explain "yes" response: _____

3. If the inmate is found guilty of the offense, are there any mental health factors that the hearing officer should consider in assessing the penalty? ☐ Yes ☒ No Explain "yes" response: _____

Inst. RJDCF/Clin. Print Name: C. Pascuente, PhD Signature: [Signature] Date: 17 May 07
 Received by (custody staff) Name: _____ Signature: _____ Date: _____

Distribution: Original: Central File with adjacent CDC 115; first copy: Unit Health Record; Second copy: Inmate

RULES VIOLATION REPORT MENTAL HEALTH ASSESSMENT CDC 115-X (11-02)

Inmate Name: LAMADRID, D.
 (Last, First, MI)

CDC Number: P 98764

DOR: 09/04/1950

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 19, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You disciplinary appeal is incomplete. You must attach legible copies of all documents you received during the disciplinary process. For example: the completed CDC 115, Rule Violation Report, the laboratory report, the Mental Health Assessment Form, the completed CDC 115-A, Serious Rule Violation Report, the CDC 115, Investigative Employee report, supplemental reports for the CDC 115, the CDC 7219, Report of Injury, the complete CDC 837, Incident Report, and the CDC 1030, Confidential Information Disclosure Form.

NEED COMPLETED PAGE 1

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER P-98764	INMATE'S NAME LAMADRID, D. (4)	LOG NUMBER F1-07-159	INSTITUTION RJDCF	TODAY'S DATE 6/03/07
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Hearing.....Continued:

Inmate LAMADRID was assigned a Staff Assistant (SA) in this matter in accordance with CCR 3315(d)(2)(A) 1,2,3, because of his inclusion in the MHSDS program at the EOP level of care.

Correctional Officer P. Puerling was assigned as the Staff Assistant (SA) on May 13, 2007.

On May 13, 2007, Officer Puerling met with Inmate LAMADRID and fully explained the disciplinary process, more than twenty-four (24) hours prior to this hearing.

On June 3, 2007, Officer Puerling was unassigned as Staff Assistant and Correctional Officer J. Rodriguez was assigned. Officer Rodriguez was present for this hearing.

Inmate pled Guilty to the charges, and he declined to make a statement.

Evidence Relied On During The Hearing:

- CDC-115 Rules Violation Report dated May 4, 2007, issued to the inmate on May 13, 2007.

No witnesses were requested by the inmate as indicated on the CDC-115A.

SHO finds Inmate LAMADRID Guilty of CCR 3005(c) Force & Violence, specifically, Mutual Combat, based on a preponderance of evidence, which substantiates the charges.

Reason For Findings:

- The Circumstances Section of the RVR as authored by Reporting Employee, Correctional Officer R. Faragon, which states in part..."I observed Inmate LAMADRID, D., P-98764, F1-01-226U, and Inmate HILL, S., E-52167, F1-01-226 engaging in mutual combat..."
- The SHO also considered the inmates' guilty plea at this hearing.
- The SHO reviewed and considered the CDC-115X Mental Health Assessment in assessing the penalty.

Disposition: Assessed sixty-one (61) days' Work time Credit forfeiture for a Division "D" offense.

Inmate LAMADRID was advised of his right to appeal this action in accordance with CCR 3084.1.

Inmate LAMADRID was advised of the credit restoration request procedures in accordance with CCT 3327/3328 and of the disciplinary-free period requirement in accordance with CCR 3327(b).

SIGNATURE OF WRITER J.N. CLARKE, Correctional Lieutenant		DATE SIGNED 6/03/07	
GIVEN BY: (Staff's Signature) <i>[Signature]</i>		DATE SIGNED 6/8/07	TIME SIGNED 1:30
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE			

INMATE APPEAL ROUTE SLIP

To: APPEALS

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01800 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: DISCIPLINARY

Due Date: 09/07/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 16, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You disciplinary appeal is incomplete. You must attach legible copies of all documents you received during the disciplinary process. For example: the completed CDC 115, Rule Violation Report, the laboratory report, the Mental Health Assessment Form, the completed CDC 115-A, Serious Rule Violation Report, the CDC 115, Investigative Employee report, supplemental reports for the CDC 115, the CDC 7219, Report of Injury, the complete CDC 837, Incident Report, and the CDC 1030, Confidential Information Disclosure Form.

SUBMIT FINAL COPY OF RVR

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300



August 24, 2007

To: La Madrid, Diego P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Mr. La Madrid,

I am in receipt of your letter requesting your informal level response and property. I do not receive copies of the informal level responses. Your response should be sent directly to you from the parole office. In addition, you have not told me who took your property. The only information you have provided is that US Customs took your property, so why do you assume that the parole agent has your property. You have failed to provide me with the information I have requested.

The parole office will not send your property to R&R. If they have your property it will be returned to you upon your release. I sent you the address to contact US Customs on June 5, 2007 regarding disposition of your property. Have you attempted to contact them? With the information you have provided me, that your property was taken by the Border Patrol, there is no further assistance I can give you. You need to contact US Customs at the address I provided you with on June 5, 2007

US Customs and Border protection
610 W. Ash Street Suite 1200
San Diego, CA 92101

A handwritten signature in black ink, appearing to read "K.E. Thacker", is located above the typed name.

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED

AUG 21 2007

REGION IV APPEALS

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD

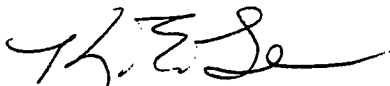
Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Your appeal has been forwarded to Chula Vista I for an informal response.



Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

RECEIVED

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

JUN 25 2007

1. _____

1. _____

2. _____

2. _____

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DANIEL, DIEGO	D-98764		#4-20-136

A. Describe Problem: HAOS ALREADY SENT 602 HE RETURNED (PO TRISTAN
THE DAY OF RPT. HEARING. SENT TO APPEALS COORDINATION
HAOENOT HEARD SINCE THAT WAS 4/23/07. MONEY ORDER OF
200. - GLASSES, WALKER PERSONAL PAPERS. 3084.7
SINCE OVER 200. - HE (TRISTAN) SAID PUT IN EVIDENCE
HIS OFFICE IS IN CHULA VISTA. OR GIVE ME ADDRESS OF CHIEF
INMATE APPEALS OF DEPARTMENT OF CORRECTIONS

If you need more space, attach one additional sheet.

B. Action Requested: MY PROPERTY FROM PO TRISTAN. WALKER GLASSES
MONEY ORDER EXCESS OF 200. - PERSONAL PROPERTY TO COME
IN THROUGH A RFR LIKE ANYONE ELSE NO RESTITUTION SINCE
NOW I DO HAVE A PAROLE REVOCATION. AT TIME I DIDN'T.

Inmate/Parolee Signature: Diego Danial Date Submitted: 6/18/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed
 Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD


Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

This is not an ADA appeal; this is a duplicate appeal of the issue forwarded to Chula Vista I for an informal response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
CDC 1824 (1/95)

RECEIVED

DEPARTMENT OF CORRECTIONS

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

JUN 25 2007

18. ADA

REGION IV APPEALS

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

LAMARCA, S.

P-98764

F4-20-126 L2

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PERSON WITHIN 42 U.S.C. HAS DISABILITIES MENTAL IMPAIRMENTS THAT SUBSTANTIALLY LIMIT MAJOR AREAS OF LIFE ACTIVITIES.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

IN C-FILE

DESCRIBE THE PROBLEM:

AFTER CROSSED BORDER P.O. J. TRISTAN - HIS PROPERTY. FILES 602, DIS-APPEARED WHEN SENT TO APPEAL COORDINATOR. DIFFICULTY EXPRESSING IN WRITTEN ENGLISH. P.O. TRISTAN SAID HE PUT IT WITH EVIDENCE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

PATIENT ADVOCATE, ATTORNEY OR UNDEVELOP CAN HELP ME GET MY PROPERTY BACK? BOTTOM LINE MY PROPERTY. THROUGH R&R AS IF COMING IN ON PAROLE VIOLATION YET.

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

6/18/07

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC-1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:

DATE DUE:

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☐ Auxiliary Aid or Device Requested

☐ Other _____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

DEPARTMENT OF CORRECTIONS
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2394

RECEIVED

JUN 25 2007



REGION IV APPEALS

June 5, 2007

To: La Madrid, Diego #P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Re: Property

Mr. La Madrid,

I received the copy of the letter you mailed regarding your request for information regarding your property, your wallet, glasses and other items not specifically mentioned. You mention that your property was taken by Customs. US Customs is not under the jurisdiction of the Division of Adult Parole Operations and I am unaware of their procedures regarding personal property.

Were you transported to a county jail facility by Customs? If so, did your property accompany you? Did the Custom's Agent ask you what you wished to have done with your property? With the information you provided, it seems as though Customs had control of your property and you need to contact them regarding the location and or disposition of your property.

In addition, this office does not have a record of a CDC 602 Inmate/Parolee Appeal for you regarding your property issue.

A handwritten signature in black ink, appearing to read "K.E. Thacker", written in a cursive style.

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

P 98764

RECEIVED

MAY 30 2007

REGION IV APPEALS

5.24.07

TO WHOM IT MAY CONCERN,

My name is DIEGO H. LAMADRID, CDC # 15 P-98764. THIS IS IN REFERENCE TO THE CHUKA VISTA, PAROLE DEPARTMENT ON 765 THIRDS ST. STE 200 P.O. CA 94910 TO P.O. DAVID TRISTAN

UPON MY CROSSING BORDER MY PROPERTY TAKEN BY CUSTOMS DEPARTMENT. MY WALLET, GLASSES AND OTHER PROPERTY HAS TO THIS DAY NOT BEEN DELEVURED TO ME. I HAVE WRITTEN A GOZ TO NO AVAIL. COULD YOU PLEASE INFORM ME NOW AND WHAT I MUST DO TO GET MY PROPERTY TO ME. SINCE IT WAS ON ME WHEN I GOT STOPPED BY THE BORDER PATROL.

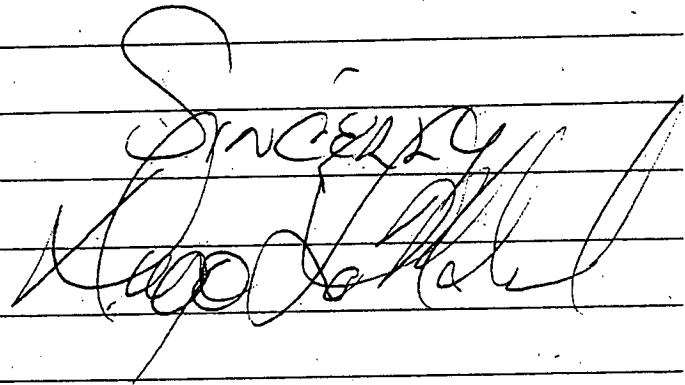
THE RESPONSE OF P.O. TRISTAN AFTER B.P.T HEARING. CHOISE WHERE TO MAIL? GAVE ADDRESS 2901 N. PARK WAY S. CA 92104. NORTH PARK CHRISTIAN FELLOWSHIP TO BE EXACT. SAID HE COULD NOT FIND IT! HOW CAN THIS BE?

THE DECISIONS CO. - 11 77 - 27

ON 1824 HAS RUN OUT OF TIME. P.O.
TRISTAN HAS PROPERTY. AS EXPLAINED
IN 1824 IF C/URCH MAILS I WANT
NO RESTITUTION ON MONEY IN MY
WALLET JUST LIKE ANY BODY ELSE.

I HAVE DIFFICULTY EXPRESSING IN
WRITTEN ENGLISH. BUT WHAT IS NEXT
STEP? WHERE TO GO? HOW TO DO?

THANK YOU FOR YOUR TIME.

Sincerely


DATE: September 19, 2007

NAME: LAMADRID, DIEGO

CDC NUMBER: P-98764

APPEAL LOG #: RJD-4-07-01855

APPEAL DECISION: DENIED

SECOND LEVEL REVIEW

APPEAL ISSUE: You are disputing your parole period. You are requesting a good cause from the Board of Parole Hearings (BPH) to act upon retaining you on parole.

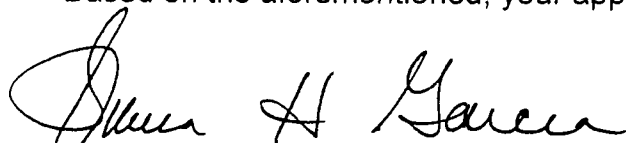
APPEAL RESPONSE: Inmate Lamadrid, prior to reaching a decision on this appeal, a thorough review of this appeal issue and your Central File were conducted by D. Sanchez, Correctional Case Records Supervisor (CCRS). You transferred to the California Institution for Men (CIM) on September 10, 2007. CCRS Sanchez attempted to contact you at the CIM relative to this appeal but was unsuccessful.

On November 15, 2004, you were sentenced to serve one year and four months in state prison on case #SCD183718 and #SCD162238. Both cases were to run concurrent with each other. The court granted you a total of 213 pre-sentence credits on case #SCD183718 and 312 post-sentence credits on case #SCD162238. Additionally, you were given 23 days post-sentence credits and 11 vested credits on both cases. With all these credits calculated toward your release date, you had an Earliest Possible Release Date (EPRD) of April 7, 2005. A three year parole period was added to your release date giving you a Controlling Discharge Date (CDD) of April 7, 2008.

However, after your release from custody on April 7, 2005, you violated your parole and were retained back in custody on March 14, 2007. Because you violated your parole, the BPH had the authority to extend your parole period up to four years for any additional parole violation offenses. Based on your parole violation, the BPH made the decision to revoke your parole for the maximum amount of 365 days.

In addition to your parole being revoked, you absconded parole supervision and were considered a parolee at large (PAL) for 121 days. Unlike other parole violations, PAL time can be added to your CDD indefinitely for the total amount of time you absconded. Therefore, your original CDD of April 7, 2008 was extended by one year (365 days) due to you violating your parole, and 121 days due to you absconding parole. Your final CDD is calculated correctly at August 6, 2009.

Based on the aforementioned, your appeal is DENIED at the Second Level of Review.



SILVIA H. GARCIA
Chief Deputy Warden

Attachments

CALIFORNIA CODES
 PENAL CODE
 SECTION 3000-3007

3000. (a) (1) The Legislature finds and declares that the period immediately following incarceration is critical to successful reintegration of the offender into society and to positive citizenship. It is in the interest of public safety for the state to provide for the supervision of and surveillance of parolees, including the judicious use of revocation actions, and to provide educational, vocational, family and personal counseling necessary to assist parolees in the transition between imprisonment and discharge. A sentence pursuant to Section 1168 or 1170 shall include a period of parole, unless waived, as provided in this section.

(2) The Legislature finds and declares that it is not the intent of this section to diminish resources allocated to the Department of Corrections for parole functions for which the department is responsible. It is also not the intent of this section to diminish the resources allocated to the Board of Prison Terms to execute its duties with respect to parole functions for which the board is responsible.

(3) The Legislature finds and declares that diligent effort must be made to ensure that parolees are held accountable for their criminal behavior, including, but not limited to, the satisfaction of restitution fines and orders.

(4) The parole period of any person found to be a sexually violent predator shall be tolled until that person is found to no longer be a sexually violent predator, at which time the period of parole, or any remaining portion thereof, shall begin to run.

(5) Notwithstanding any provision to the contrary in Article 3 (commencing with Section 3040) of this chapter, the following shall apply:

(1) At the expiration of a term of imprisonment of one year and one day, or a term of imprisonment imposed pursuant to Section 1170 or at the expiration of a term reduced pursuant to Section 2931 or 2933, if applicable, the inmate shall be released on parole for a period not exceeding three years, except that any inmate sentenced for an offense specified in paragraph (3), (4), (5), (6), (11), (16), or (18) of subdivision (c) of Section 667.5 shall be released on parole for a period not exceeding five years, unless in either case the parole authority for good cause waives parole and discharges the inmate from the custody of the department.

(2) In the case of any inmate sentenced under Section 1168, the period of parole shall not exceed five years in the case of an inmate imprisoned for any offense other than first or second degree murder for which the inmate has received a life sentence, and shall not exceed three years in the case of any other inmate, unless in either case the parole authority for good cause waives parole and discharges the inmate from custody of the department. This subdivision shall also be applicable to inmates who committed crimes prior to July 1, 1977, to the extent specified in Section 1170.2.

(3) Notwithstanding paragraphs (1) and (2), in the case of any offense for which the inmate has received a life sentence pursuant to Section 667.61 or 667.71, the period of parole shall be 10 years.

(4) The parole authority shall consider the request of any inmate regarding the length of his or her parole and the conditions thereof.

(5) Upon successful completion of parole, or at the end of the maximum statutory period of parole specified for the inmate under paragraph (1), (2), or (3), as the case may be, whichever is earlier, the inmate shall be discharged from custody. The date of the maximum statutory period of parole under this subdivision and paragraphs (1), (2), and (3) shall be computed from the date of initial parole and shall be a period chronologically determined. ~~Time during which parole is suspended because the prisoner has absconded or has been returned to custody as a parole violator shall not be credited toward any period of parole unless the prisoner is found not guilty of the parole violation.~~ However, the period of parole is subject to the following:

(A) Except as provided in Section 3064, ~~in no case may a prisoner be subject to three years on parole be retained under parole supervision or in custody for a period longer than four years from the date of his or her initial parole.~~

(B) Except as provided in Section 3064, in no case may a prisoner subject to five years on parole be retained under parole supervision or in custody for a period longer than seven years from the date of his or her initial parole.

(C) Except as provided in Section 3064, in no case may a prisoner subject to 10 years on parole be retained under parole supervision or in custody for a period longer than 15 years from the date of his or her initial parole.

California Department of Corrections

Calculation Worksheet

Controlling Discharge Date (CDD)

CDC Form _____

Rev. 12-99

CALCULATION WORKSHEET FOR CONTROLLING DISCHARGE DATE (CDD)

This form is used to calculate the CDD for parolees/parole violators with either a single case, or multiple cases. Use additional sheets if more than two CDDs require tracking. Note: Revocation time includes revocation extension time served.

Case No(s). SCD183718 + SCD162238

Original Parole Date

4-7-05

Plus Parole Period

+ 3

Minus Kemper/Sosa Credit

- 0

Original CDD

= 4-7-08**PAL (Suspend) Time**Suspend
DateReinstate
Date

Days

11-13-063-14-07121

Total PAL Time:

121+ 121**Revocation Time Served**Arrest/Hold
Date

PRRD/RRD

Days

3-14-073-13-08365

Total Revocation Time:

365+ 365

(usually cannot add more than 365 days to the CDD)

Recalculated CDD:

= 8-6-09

Case No(s). _____

Original Parole Date

Plus Parole Period

Minus Kemper/Sosa Credit

Original CDD

PAL (Suspend) TimeSuspend
DateReinstate
Date

Days

Total PAL Time:

+ _____

Revocation Time ServedArrest/Hold
Date

PRRD/RRD

Days

Total Revocation Time:

+ _____

(usually cannot add more than 365 days to the CDD)

Recalculated CDD:

= _____

Calculated By (Name & Title):

D. Sanchez, CCRS

Date:

9-19-07

inmate Name:

Lamadrid, Diego

CDC #:

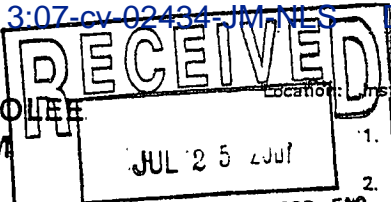
P98764

Location:

RJDRRC

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 502 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

2.

1.

2.

RJD

07-1855

CNSD RECORDS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and appeals representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMARIS, D.	P-98764	NA	F4-RO-126L

A. Describe Problem: PRIMARY LANGUAGE IS SPANISH. THIS IS A 3084.7(h) PAROLE PERIODS AND TERMS COMPUTATION APPEALS. DON'T KNOW DATE PAROLE PUTS I STARTED TO ABSCOND. THIS CHANGES DISCHARGE REVIEW DATE, MAXIMUM RELEASE DATE. ALSO ARRESTED ON 3-14-07 YET THEY PUT ARD DATE AS 3-15-07 WHAT IS MDD? WHAT WAS CONTROLLING DISCHARGE DATE (CDD)? WHAT WAS BPT "GOOD CAUSE TO RETAIN ON PAROLE"? THIS IS THIRD (3RD) REQUEST. WHAT RESTITUTION OBLIGATION ARE PRESENT OR WHERE TO ASK?

If you need more space, attach one additional sheet.

B. Action Requested: DETAILED ACCOUNT OF TIMES, DATES AND REASONS' VERBAL AND WRITTEN OF HOW AND WHY IT IS AT PRESENT TIME. INCLUDING MAXIMUM DISCHARGE DATE. WHAT GOOD CAUSE DID BPT ACT UPON TO RETAIN ON PAROLE? P.C. 3001, 3006(b)(4) - RESTITUTION?

Inmate/Parolee Signature: [Signature] Date Submitted: 7-9-07

C. INFORMAL LEVEL (Date Received: 7.13.07)

Staff Response:

See attached

Staff Signature: [Signature] Date Returned to Inmate: 7.20.07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. ISCCR 3084.7(h)(2)(A) DOES NOT ANSWER ALL (B. ACTION REQUESTED). "B.P.T. GOOD CAUSE TO RETAIN ON PAROLE P.C. 3001? I NEVER GOT IN WRITING! NESPER OR IN re CARR, SUPRA.: PEOPLE v. JACK. SO WHAT IS MDD? CDD CHANGES ON NEW TERM IS THIS NOT TRUE? I CAN NOT APPEAL SOMETHING I DON'T KNOW WHY, OR NEVER RECEIVED! WHY RETAINED ON PAROLE ↑ 13

Signature: [Signature] Date Submitted: 7/23/07

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

07-1855

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

BYPASS

Staff Signature: _____

Title: _____

Date Completed: _____

Division Head Approved: _____

Returned _____

Signature: _____

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ Other _____

SEP 13 2007

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

AUG 02 2007

Due Date: _____

AUG 20 2007

☒ See Attached Letter

Signature: _____

DURIBE, A.W.

Date Completed: _____

9-20-07

Warden/Superintendent Signature: _____

S.H. GARCIA, CDW

Date Returned to Inmate: _____

SEP 28 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____
☐ See Attached Letter

Date: _____

* APPEALS OF 3084.7 (h)(2)(A)

STATE OF CALIFORNIA
3A-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE -31-07	TO APPEAL COORDINATOR	FROM (LAST NAME) La Madrid	CDC NUMBER H-98764
HOUSING E4-20	BED NUMBER 1264	WORK ASSIGNMENT NA	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

REGARDING THIS APPEAL IT'S A "REQUEST FOR A COM-
MUTATION REVIEW HEARING" PER 15CCR 3084.7(h)(2)(A)
SPANISH IS PRIMARY LANGUAGE & JUST LAYMAN IN LEGAL STUFF. DISCRE-
PANCY IN IT ALL. 360 DAYS IS YEAR! WHERE BEHAVIOR OR

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY CONDUCT CREDITS?	DATE
DISPOSITION	

DATE: July 20, 2007

NAME: Lamadrid, Diego

CDC NUMBER: P98764

APPEAL ISSUE: You are disputing the three year parole period. Also your hold date.

APPEAL RESPONSE: On April 12, 2007 you were sentenced to 12 months ineligible with a hold date of 3-14-2007 and release date of 3-13-2008. After your release of 06-04-2004 you picked up a new term which brings your CDD date to 8-06-2009

A handwritten signature in black ink, appearing to read 'A. Garcia', with a stylized, cursive script.

A. Garcia
Correctional Case Records Analyst

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 27, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

The action you are seeking is under the jurisdiction of the Board of Prison Terms. Please contact your counselor, the C&PR at the institution or your Parole Agent regarding the correct form and address.

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

INMATE APPEAL ROUTE SLIP

CC III

TALBENT

To: RCREC

Date: August 9, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01855 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: CASE INFO./RECORDS

Due Date: 09/13/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

State of California

Department of Corrections

Memorandum

Date : September 24, 2007

To : LAMADRID, P98764
F420000000000126L

Log Number: RJD-4-07-01793

Subject: **EXCEPTIONAL DELAY IN REVIEW OF APPEAL**

This is to notify you that the due date on the above referenced appeal has been extended for the following reason:

- ☐ Unavailability of the appellant, or staff or inmate witness.
- ☒ Complexity of the decision, action, or policy.
- ☐ Necessary involvement of other agencies or jurisdictions.

This notification is required per California Code of Regulations, Section 3084.6(b)(6). The new estimated completion date is OCT 15 2007.

Appeals Coordinator

State of California,

Department of Corrections

Memorandum

Date : September 24, 2007

To : LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-07-01855

Subject: **EXCEPTIONAL DELAY IN REVIEW OF APPEAL**

This is to notify you that the due date on the above referenced appeal has been extended for the following reason:

- ☐ Unavailability of the appellant, or staff or inmate witness.
- ☒ Complexity of the decision, action, or policy.
- ☐ Necessary involvement of other agencies or jurisdictions.

This notification is required per California Code of Regulations, Section 3084.6(b)(6). The new estimated completion date is OCT 15 2007.

Appeals Coordinator

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 9, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

MEDICAL

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: ~~F10100000000000000~~

Date: May 1, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01079

ASSIGNED STAFF REVIEWER: EDUC
APPEAL ISSUE: LEGAL
DUE DATE: 06/01/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: July 2, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01079

ASSIGNED STAFF REVIEWER: APPEALS
APPEAL ISSUE: LEGAL
DUE DATE: 07/31/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: June 19, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-1-07-01141

ASSIGNED STAFF REVIEWER: APPEALS
APPEAL ISSUE: LEGAL
DUE DATE: 07/16/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

SENT 8/20

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F10100000000226U

Date: May 8, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-1-07-01141

ASSIGNED STAFF REVIEWER: EDUC
APPEAL ISSUE: LEGAL
DUE DATE: 06/20/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

TIME : OVER STATUTORY LIMITS
THEN APPROVED APPEAL

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: July 16, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01692

ASSIGNED STAFF REVIEWER: MED
APPEAL ISSUE: MEDICAL
DUE DATE: 08/27/2007

PROOF

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

*1ST AMENDMENT
INFORMAL*

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: P42000000000126L

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01793

ASSIGNED STAFF REVIEWER: MED
APPEAL ISSUE: MEDICAL
DUE DATE: 09/07/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

- CHANGE OF CIRCUMSTANCE

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01793

ASSIGNED STAFF REVIEWER: APPEALS
APPEAL ISSUE: MEDICAL
DUE DATE: 09/20/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01800

ASSIGNED STAFF REVIEWER: APPEALS
APPEAL ISSUE: DISCIPLINARY
DUE DATE: 09/07/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: August 2, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01855

ASSIGNED STAFF REVIEWER: MREC
APPEAL ISSUE: CASE INFO./RECORDS
DUE DATE: 09/13/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

MEDICAL 1893

To: INMATE LAMADRID, POF
Current Housing: F42000000000126L

Date: August 8, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-01893

ASSIGNED STAFF REVIEWER: MED

APPEAL ISSUE: MEDICAL

DUE DATE: 09/19/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-02011

ASSIGNED STAFF REVIEWER: F4
APPEAL ISSUE: MAIL
DUE DATE: 10/03/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE LAMADRID, P98764
Current Housing: F42000000000126L

Date: September 13, 2007

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: RJD-4-07-02280

ASSIGNED STAFF REVIEWER: MED
APPEAL ISSUE: MEDICAL
DUE DATE: 10/26/2007

Inmate LAMADRID, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 9, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

**NON ADA ISSUE. PLEASE COMPLETE THE ATTACHED 602 AND SUBMIT
DIRECTLY TO MEDICAL**

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

JUL 09 2007

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

RICHARD J. DONOVAN CORR. FAC.
In processing this request, it will be verified that the inmate/parolee has a disability which is covered
under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

LAMARID, DIEGO

CDC NUMBER

P-98764

ASSIGNMENT

HOURS/WATCH

HOUSING

F4-20-126L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

MENTAL IMPAIRMENTS THAT SUBSTANTIALLY LIMIT
WITHIN 42 U.S.C. CCCMS OR EOP

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE FOR LAST 14 YEARS OR V.A. OR MEDICAL

DESCRIBE THE PROBLEM:

HAVE BEEN IN R.J. DONOVAN SINCE 3-21-07 APPROXIMATELY AND
I DEPEND ON PROPER MEDICAL CARE AND PROPER MEDICATION
IN TREATMENT OF MENTAL HEALTH. HAVE EVEN GONE OTC
AND STILL PROBLEMS. EYES, ALLERGY, HAND, AND U.W.

ATTACHED TO 602

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

PROPER MEDICAL CARE WITH PRESCRIPTIONS AND ALSO
MENTAL HEALTH CARE WITH APPROPRIATE PRESCRIPTIONS.
SINCE HAVING TROUBLE WITH CURRENT ~~ASSIGN~~ PSYCHIATRIST.
EYES, ALLERGY, HAND, U.W. HOW MUCH CHARGE TO NOW?

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

7/5/07

LITTLE * EXAMPLE *

RE: Screening at the FIRST Level

July 27, 2007

PLEASE RETURN

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

NON ADA ISSUES. ALSO, TOO MANY ISSUES FOR ONE APPEAL. PLEASE SEPERATE YOUR ISSUES AND RESUBMIT TO MEDICAL DEPARTMENT.

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

JUL 25 2007

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

CDC 1824 (1/95)

RICHARD J. DONOVAN CORR. FAC.
APPEALS

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES*In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.*

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
LAMADRID	P-98764	NA		4-20-126L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

WITHIN 42 U.S.C. 12102 ALSO ARMSTRONG & COLEMAN

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE, MEDICAL FILE

DESCRIBE THE PROBLEM:

IN CLASSIFICATION ON 7-20-07 WITH COMMITTEE MEMBERS AN UNANTICIPATED ADVERSE EFFECT SURFACED. DENIAL OF RE-CARDS, ~~DATA~~, CHANGE OF PURPOSE OF COMMITTEE HEARING, AND NEEDED EXTRA TIME TO THINK. IT JUST WENT TOO FAST. WRONG PSYCHIATRIC MEDICATIONS AND PSYCHOLOGICAL CONDITION REQUIRE TIME FOR ME TO THINK. MIND RACES AND OTHER SYMPTOMS AFFECTING INTERACTING WITH OTHERS AND SUBSTANTIALLY LIMITED.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

SPANISH PRIMARY LANGUAGE!

TO GET EYE TEST, OR PROPERTY FROM P.O.. PER 15 CCR 3193, 3191(a) AND (d), 3391, AND 3382. EYE TEST TO DETERMINE EVALUATION, ASSESMENT, DIAGNOSIS AND NECESSARY SERVICES. EIGHT PSYCHIATRIC MEDICATIONS FOR BETTER TREATMENT OF MENTAL HEALTH. THEN ANOTHER CLASSIFICATION, ONCE EVALUATION DONE. 3084.5(a)(3)(A)

Diego Lamadrid
INMATE/PAROLEE'S SIGNATURE

7-22-07
DATE SIGNED

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 2, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

YOU DID NOT CITE A SPECIFIC ISSUE OR REMEDY REQUESTED.

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OF ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

RAMADAN, DIBBO

CDC NUMBER

P98769

ASSIGNMENT

NA

HOURS/WATCH

HOUSING

FY-RD-1262

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

WITHIN 42 U.S.C. 12102

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE

DESCRIBE THE PROBLEM: SPANISH PRIMARY LANGUAGE. CONDITIONS OF DETENTION PER 15 CCR § 3330(b), 3331(h)(f), 3335(a), (b), AND 3338(f), (g), 3341.5 (b) ALSO 3343 "CONDITIONS OF SEGREGATED HOUSING." TITLE II OF ADA STATES QUALIFIED INDIVIDUAL EXCLUDED FROM PARTICIPATION IN OR DENIED THE BENEFITS OF SERVICES, PROGRAMS, OR ACTIVITIES OF A PUBLIC ENTITY SHALL BE SUBJECT TO DISCRIMINATION 42 U.S.C. 12132, AN ONGOING PRISON POLICIES AND OPERATIONAL PROCEDURE IN THE PRESENT. WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? TO FOLLOW OWN RULES OF USCC FEDERAL AND STATE LAWS CONCERNING PRISON CONDITIONS, THAT RECUR BETWEEN PARTIES VERY MUCH CAPABLE OF REPETITION YET EVADING REVIEW AND OF INMATE AND PUBLIC INTEREST.

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

7/25/07

RE: Screening at the FIRST Level

August 30, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

***SEPARATE YOUR ISSUES AND SUBMIT THEM SEPARATELY FOR INFORMAL
RESPONSE TO THE APPROPRIATE AREA.***

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

AUG 23 2007

INMATE/PAROLEE

APPEAL FORM
RICHMOND INNOVATION CORR. FAC.
CDC 602 (12/87) APPEALS

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMADRID, D	298764	NA	4-20-1262

A. Describe Problem: PRISON CONDITIONS & HEAT PLAN COUPLED WITH MY MEDICATION LEVELS (NEW) SUBJUGATE ME TO VERY POOR BODY TEMPERATURE CONTROL; MAKING EXPOSING ME TO SERIOUS RISK OF INJURY OR HARM. ISSUES ARE PARTICULARLY VEE COMPLEX THAT BRING ABOUT FOLLOWING SYMPTOMS: SLEEPINESS, CONFUSION, HEAD-ACHES, DIZZINESS, LIGHT HEADED, LACK OF COORDINATION & BALANCE, NAUSEA, VOMITING AND BLURRED VISION, SKIN RASH. BEEN PICK-UP BY AMBULANCE 3 TIMES AND HAVE TOLD %'S MUNOZ, SILVER, JONES ABOUT SYMPTOMS FOR LACK OF AIR FLOW AND TEMPERATURE RISING EXPOTENTIALY WHEN SUN HITS "B" SECTION BACK WALL. THE "HEAT
If you need more space, attach one additional sheet. *SEE ATTACH SHEET (FRONT AND BACK OF IT)

B. Action Requested: REVISE HEAT PLAN AND VENTILATION IN BLDG. 20. MOVED TO 2 GYM OR 4 GYM. MEDICATION TO BE DOUBLE CHECKED FOR MIXTURE OR BE GIVEN OUTSIDE CPM - BINATION CAUSE IT WORKS. THIS UNDER HEAT, STRESS AND DEPRESSION. MAKE BETTER AIR CIRCULATION BY CRACK ON DOORS, FANS ON AND PERIODIC CHECK-UPS. % CLARK RADUIS ME.
Inmate/Parolee Signature: [Signature] Date Submitted: 8-20-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



LA MADRID

P-98764

F4-20-12610

PLAN " FOR BUILDING 20 SHOULD BE REVISE. THESE ARE JUST SOME OF THE REASONS. FANS INSIDE THE BUILDING, THE BIG ONES, ARE NOT ON. MAKING IT FOR BAD AIR CIRCULATION. BETTER AIR CIRCULATION IS A MUST! VENTILATION IS PROBABLY ON AIR FLOW. IT IS NOT REALLY COOLING DOWN AIR THAT MUCH THAT COMES INTO CELL; THESE INSIDE THEN JUST PUSH HOT AIR AROUND CELL. MY CELL SEEMS TO ASPHYXIAE ME. COUPLED WITH MY ALBUTEROL SULFATE THAT IS OUT, NEEDS REFILL. ONCE SUN HITS OUTSIDE WALL ON "B" SECTION TEMPERATURE RISES EXPOTENTIALLY. MAKING EVERYTHING EVEN WORST INSIDE THE CELL BECAUSE OF POOR AIR FLOW. HAVE BEEN TRYING ALL SUMMER NEW PSYCHIATRIC MEDICATION. MENTAL FUNCTIONS GO UP AND DOWN, BECAUSE OF MENTAL DISABILITIES MIXED WITH PSYCHICAL ISSUES. THEN ADD MIXTURE OF ALL MEDICATION, TEMPERATURE RISING, POOR AIR FLOW, BLURRING VISION, CONFUSION, SLEEPINESS. DO NOT

OVER →

MAKE "DIFFERENCE" BETWEEN "GETTING ALONG WITH OTHERS" AND "INTERACTING WITH OTHERS" A MAJOR LIFE ACTIVITY UNDER ADA. I'VE BEEN SUBSTANTIALLY LIMITED WITH SEVERE AND MAJOR DEPRESSIONS. MEDICATION GIVEN ON OUTSIDE BY DOCTORS AFTER MORE THAN 180 DAYS IN HOSPITAL WORKS UNDER HEAT AND STRESS WHEN BIPOLAR IS UNCONTROLLED. THIS MAKES SITUATION MORE COMPOUND AND COMPLEX. (SEE MEDICAL APPEALS PUT IN) ²⁰⁰⁷ TYLENOL AND IBUPROFEN AMONG MEDICATIONS PRESCRIBED. ALL 10'S KNOW I SLEEP ALL DAY & NIGHT, WITH COVERED EYES BECAUSE OF PHOTO-SENSITIVITY. I HAVE BEEN CLASSIFIED BY AILES HAVE 13 JOINTS. HARD TO EXPLAIN IT ALL VERY COMPLEX TO DO IN WRITING. I AM UNDER RX OF TEN(10) OR MORE MEDICATIONS CONSISTENTLY. WHICH THE RIGHT DOSAGE, MIXTURE MUST BE EMPLOYED. HAVE HEP C, ASMA, ULCER, CHRONIC BACK PAIN, MULTIPLE ALLERGIES, SKIN DISORDERS, PHOTO SENSITIVITY AND 4 DIFFERENT MENTAL HEALTH PROBLEMS. RECORDS WITH MEDICAL AND V.A. FOR OVER 12 YEARS. CONTINUED PROLONG MAINTAINED CIRCUMSTANCES POSING SIGNIFICANT AND MANIFESTED OUTCOMES FROM HEAT, PRISON CONDITION MIXED WITH PRESCRIBED MEDICATIONS AND UNCONTROLLED MENTAL HEALTH FEELS AND SEEMS TO BE CRUEL AND UNUSUAL PUNISHMENT. COMPLICATING EVERYTHING. MY PAIN RELIEVERS (EXAMPLE) TYLENOL, IBU 800 IN/UNDER HEAT IS ABUSE OF TRUST? WHAT ELSE IS WRONG? PLEASE CHECK! CURRENTLY ON 19 DIFFERENT MEDICATIONS. PROOF WELL ATTACHING 602 RJD-07-1993

RE: Screening at the FIRST Level

September 6, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

This appeal constitutes an abuse of the appeal process pursuant to CCR 3084.4. Your appeal cannot be understood or is obscured by pointless verbiage or voluminous unrelated documentation CCR 3084(c).

IDENTIFY THE SPECIFIC PROBLEM AND RESUBMIT. ONE ISSUE PER 602.

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

AUG 29 2007

Location: Institution/Parole Region

Log No.

Category

RICHARD J. DONOVAN CORR. FAC.
APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>LAMADRID</u>	NUMBER <u>D-98764</u>	ASSIGNMENT <u>NA</u>	UNIT/ROOM NUMBER <u>4-20-126</u>
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A. Describe Problem:

PRISON CONDITIONS OF NONDISCIPLINARY SEGREGATED PROGRAM. HOUSING UNITS 15CCR 3341.5(b), 3330(d), 3338(f); PENDING CLASSIFICATION 3335(b); AND CONDITIONS 3343 ARE NOT BEING FOLLOWED PER YOUR OWN RULES, AS WELL AS STATE AND FEDERAL LAWS, INVOLVING INMATES IN TREATMENT UNDER THE MENTAL HEALTH SERVICES, AND ONGOING VIOLATION. THIS A 3084.5(a)(3)(d) FOR OPERATIONAL PROCEDURE, FOR VIOLATION OF ARMSTRONG, COLEMAN, GILMORE. DIFFICULT EXPLAINING THE PROBLEM THROUGH BUREAUCRATIC MAZE OF D.O.M., 15CCR, AND LAWS APPLICABLE, INCLUDING A.D.A., "JUDICIAL REVIEW"

If you need more space, attach one additional sheet.

(SEE ATTACH SHEET)

B. Action Requested:

IMPROVE CONDITIONS OF SEGREGATED HOUSING UNITS. HOUSING INMATES IN/UNDER THE MENTAL HEALTH SERVICES PENDING CLASSIFICATION IN FOR NON-DISCIPLINARY REASONS. 3343(h) 10 HOURS TO FILLED WITH DAY ROOM IF NO VARS IF GIVEN AND KEEP ONLY LEVEL 3 AND BELOW IN MENTAL HEALTH (CCCMS/EOR) IN 20. BE OUT OF R.C. STOPS UNDER 60 DAYS OR "EXTENDED SERVICES" GIVEN.

Inmate/Parolee Signature:

Date Submitted:

8/26/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



RAMADRID, S.

P-98764

F4-20-126L

THROUGH 8 U.S.C. § 1252 "CHALLENGES ON
VALIDITY OF THE SYSTEM" AS A PRACTICAL
MATTER MAY BE BEST WAY TO APPROACH THIS
PROBLEM. SINCE "DECLARATORY, INJUNCTIVE OR
OTHER EQUITABLE RELIEF, AND CLASS ACTIONS"
AND CONCERNS REVIEW OF CONSTITUTIONAL AND
STATUTORY VALIDITY OF ANY REGULATION...
WRITTEN POLICY DIRECTIVE, WRITTEN POLICY
GUIDELINE OR PROCEDURE TO IMPLEMENT IT.

IF THIS APPEAL IS NOT TAKEN AS AN
EMERGENCY JUST DENIED IT AND RETURN.

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 9, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

**NON ADA ISSUE. PLEASE COMPLETE THE ATTACHED 602 AND SUBMIT
DIRECTLY TO MEDICAL**

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
 CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

JUL 09 2007

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

RICHARD J. DONOVAN CORR. FAC.
 In processing this request, it will be verified that the inmate/parolee has a disability which is covered
 under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
LAMARIS, DIEGO	P-98764			F4-20-126 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED
DESCRIPTION OF DISABILITY:

MENTAL IMPAIRMENTS THAT SUBSTANTIALLY LIMIT
 WITHIN 42 U.S.C. CCCMS OR EOP

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE FOR LAST 14 YEARS OR V.A. OR MEDICAL

DESCRIBE THE PROBLEM:

HAVE BEEN IN R.J. DONOVAN SINCE 3-21-07 APPROXIMATELY AN
 I DEPEND ON PROPER MEDICAL CARE AND PROPER MEDICATION
 IN TREATMENT OF MENTAL HEALTH. HAVE EVEN GONE OTC
 AND STILL PROBLEMS. EYES, ALLERGY, HAND, AND U.W.

ATTACHED TO 602

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

PROPER MEDICAL CARE WITH PRESCRIPTIONS AND ALSO
 MENTAL HEALTH CARE WITH APPROPRIATE PRESCRIPTIONS.
 SINCE HAVING TROUBLE WITH CURRENT ~~ASSAY~~ PSYCHIATRIST.
 EYES, ALLERGY, HAND, U.W. HOW MUCH CHARGE TO NOW?

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

LITTLE * EXAMPLE *

RE: Screening at the FIRST Level

July 27, 2007

PLEASE RETURN

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

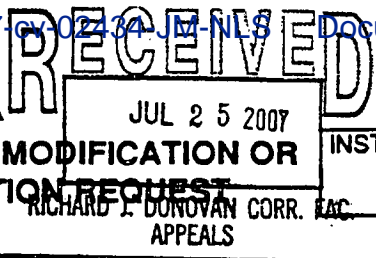
NON ADA ISSUES. ALSO, TOO MANY ISSUES FOR ONE APPEAL. PLEASE SEPERATE YOUR ISSUES AND RESUBMIT TO MEDICAL DEPARTMENT.

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA



DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

LAMARRID

P-98764

NA

4-20-1261

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

WITHIN 42 U.S.C. 12102 ALSO ARMSTRONG & COLEMAN

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE, MEDICAL FILE

DESCRIBE THE PROBLEM:

IN CLASSIFICATION ON 7-20-07 WITH COMMITTEE MEMBERS AN UNANTICIPATED ADVERSE EFFECT SURFACED. DENIAL OF RED CARDS, ~~DATA~~ CHANGE OF PURPOSE OF COMMITTEE HEARING, AND NEEDED EXTRA TIME TO THINK. IT JUST WENT TOO FAST. WRONG PSYCHIATRIC MEDICATIONS AND PSYCHOLOGICAL CONDITION REQUIRE TIME FOR ME TO THINK. MIND RACES AND OTHER SYMPTOMS AFFECTING INTERACTING WITH OTHERS I AM SUBSTANTIALLY LIMITED.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

SPANISH PRIMARY LANGUAGE!

TO GET EYE TEST, OR PROPERTY FROM P.O.. PER 15 CCR 3193, 3191(a) AND (d), 3391, AND 3382. EYE TEST TO DETERMINE EVALUATION, ASSESMENT, DIAGNOSIS AND NECESSARY SERVICES. EIGHT PSYCHIATRIC MEDICATIONS FOR BETTER TREATMENT OF MENTAL HEALTH. THEN ANOTHER CLASSIFICATION, ONCE EVALUATION DONE. 3084.5(a)(3)(A)

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

7-22-07

RE: Screening at the FIRST Level

August 2, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

YOU DID NOT CITE A SPECIFIC ISSUE OR REMEDY REQUESTED.

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

RAMADAN, ISSO

P-98769

NA

FY-RD-1264

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

WITHIN 42 U.S.C. 12102

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE

DESCRIBE THE PROBLEM:

SPANISH PRIMARY LANGUAGE. CONDITIONS OF DETENTION PER 15 CCR § 3330(b), 3331(h)(f), 3335(a)(b), AND 3338(f)(g), 3341.5 (A), ALSO 3343 "CONDITIONS OF SEGREGATED HOUSING." TITLE II OF ADA STATES QUALIFIED INDIVIDUAL EXCLUDED FROM PARTICIPATION IN OR DENIED THE BENEFITS OF SERVICES, PROGRAMS, OR ACTIVITIES OF A PUBLIC ENTITY SHALL BE SUBJECT TO DISCRIMINATION 42 U.S.C. 12132, AN ONGOING PRISON POLICIES AND OPERATIONAL PROCEDURE IN THE PRESENT.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? TO FOLLOW OWN RULES OF 15CCR

FEDERAL AND STATE LAWS CONCERNING PRISON CONDITIONS. THAT RECUR BETWEEN PARTIES VERY MUCH CAPABLE OF REPETITION YET EVADING REVIEW AND OF INMATE AND PUBLIC INTEREST.

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

7/25/07

RE: Screening at the FIRST Level

August 30, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

***SEPARATE YOUR ISSUES AND SUBMIT THEM SEPARATELY FOR INFORMAL
RESPONSE TO THE APPROPRIATE AREA.***

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
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AUG 23 2007

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

INNOVATION CORR. FAC.
APPEALS

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>LAMADRID, D</u>	NUMBER <u>298764</u>	ASSIGNMENT <u>NA</u>	UNIT/ROOM NUMBER <u>4-20-1262</u>
----------------------------	-------------------------	-------------------------	--------------------------------------

A. Describe Problem: PRISON CONDITIONS & HEAT PLAN COUPLED WITH MY MEDICATION LEVELS' (NEW) SUBJUGATE ME TO VERY POOR BODY TEMPERATURE CONTROL; MAKING EXPOSING ME TO SERIOUS RISK OF INJURY OR HARM. ISSUES ARE PARTICULARLY VEE COMPLEX THAT BRING ABOUT FOLLOWING SYMPTOMS SLEEPINESS, CONFUSION, HEAD-ACHES, DIZZINESS, LIGHT HEADED, LACK OF COORDINATION & BALNCE, NAUSEA, VOMITING AND BLORES VISION, SKIN RASH. BEEN PICK-UP BY AMBULANCE 3 TIMES AND HAVE TOLD %O'S MUNOZ, SILVER, JONES ABOUT SYMPTOMS FOR LACK OF AIR FLOW AND TEM-PERATURE RISING EXPOTENTIALY WHEN SUN HITS "B" SECTION BACK WALL. THE "HEAT

If you need more space, attach one additional sheet. *SEE ATTACH SHEET (FRONT AND BACK OF IT)

B. Action Requested: REVISE HEAT PLAN AND VENTILATION IN BLDG. 20. MOVED TO 2 GYM OR 4 GYM. MEDICATION TO BE DOUBLE CHECKED FOR MIXTURE OR BE GIVEN OUTSIDE CPM - BINATION CAUSE IT WORKS. THIS UNDER HEAT, STRESS AND DEPRESSION. MAKE BETTER AIR CIRCULATION BY CRACK ON DOORS, FANS ON AND PERIODIC CHECK-UPS. %O CLARK RADUS ME.

Inmate/Parolee Signature: Miguel LamadridDate Submitted: 8-20-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



LAMARR

P-98764

F4-20-12610

PLAN " FOR BUILDING 20 SHOULD BE REVISE. THESE ARE JUST SOME OF THE REASONS. FANS INSIDE THE BUILDING, THE BIG ONES, ARE NOT ON. MAKING IT FOR BAD AIR CIRCULATION. BETTER AIR CIRCULATION IS A MUST! VENTILATION IS PROBABLY ON AIR-FLOW. IT IS NOT REALLY COOLING DOWN AIR THAT MUCH THAT COMES INTO CELL; THESE INSIDE THEN JUST PUSH HOT AIR AROUND CELL. MY CELL SEEMS TO ASPHYXIAE ME. COUPLED WITH MY ALBUTEROL SULFATE THAT IS OUT, NEEDS REFILL. ONCE SUN HITS OUTSIDE WALL ON "B" SECTION TEMPERATURE RISES EXPOTENTIALLY. MAKING EVERYTHING EVEN WORST INSIDE THE CELL BECAUSE OF DOOR AIR FLOW. HAVE BEEN TRYING ALL SUMMER NEW PSYCHIATRIC MEDICATION. MENTAL FUNCTIONS GO UP AND DOWN, BECAUSE OF MENTAL DISABILITIES MIXED WITH PHYSICAL ISSUES. THEN ADD MIXTURE OF ALL MEDICATION, TEMPERATURE RISING, POOR AIR FLOW, BLURRING VISION, CONFUSION, SLEEPINESS. DO NOT

OVER →

MAKE "DIFFERENCE" BETWEEN "GETTING ALONG WITH OTHERS" AND "INTERACTING WITH OTHERS" A MAJOR LIFE ACTIVITY UNDER ADA. I'VE BEEN SUBSTANTIALLY LIMITED WITH SEVERE AND MAJOR DEPRESSIONS. MEDICATION GIVEN ON OUTSIDE BY DOCTORS AFTER MORE THAN 180 DAYS IN HOSPITAL WORKS UNDER HEAT AND STRESS WHEN BIPOLAR IS UNCONTROLLED. THIS MAKES SITUATION MORE COMPOUND AND COMPLEX. (SEE MEDICAL APPEALS PUT IN) ²⁰⁰⁷TYLENOL AND IBUPROFEN AMONG MEDICATIONS PRESCRIBED. ALL ⁹10'S KNOW I SLEEP ALL DAY & NIGHT, WITH COVERED LIGHTS BECAUSE OF PHOTO-SENSITIVITY. I HAVE BEEN CLASSIFIED BY AVIDES HAVE 13 JOINTS. HARD TO EXPLAIN IT ALL VERY COMPLEX TO DO IN WRITING. I AM UNDER RX OF TEN (10) OR MORE MEDICATIONS CONSISTENTLY. WHICH THE RIGHT DOSAGE, MIXTURE MUST BE EMPLOYED. HAVE HEP C, ASMA, ULCER, CHRONIC BACK PAIN, MULTIPLE ALLERGIES SKIN DISORDERS, PHOTO SENSITIVITY AND 4 DIFFERENT MENTAL HEALTH PROBLEMS. RECORDS WITH MEDICAL AND V.A. FOR OVER 12 YEARS. CONTINUED PROLONG MAINTAINED CIRCUMSTANCES POSING SIGNIFICANT AND MANIFESTED OUTCOMES FROM HEAT, PRISON CONDITION MIXED WITH PRESCRIBED MEDICATIONS AND UNCONTROLLED MENTAL HEALTH FEELS AND SEEMS TO BE CRUEL AND UNUSUAL PUNISHMENT. COMPLICATING EVERYTHING. MY PAIN RELIEVERS (EXAMPLE) TYLENOL, IBU 800 IN/UNDER HEAT IS ABUSE OF TRUST? WHAT ELSE IS WRONG? PLEASE CHECK! CURRENTLY ON 19 DIFFERENT MEDICATIONS. PROOF WELL ATTACHING 602 RTD-07-1993

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

September 6, 2007

LAMADRID, P98764

F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

This appeal constitutes an abuse of the appeal process pursuant to CCR 3084.4. Your appeal cannot be understood or is obscured by pointless verbiage or voluminous unrelated documentation CCR 3084(c).

IDENTIFY THE SPECIFIC PROBLEM AND RESUBMIT. ONE ISSUE PER 602.

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

RICHARD J. DONOVAN CORR. FAC.
APPEALS

Location: Institution/Parole Region

Log No.

Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>LAMADRID</u>	NUMBER <u>D-98764</u>	ASSIGNMENT <u>NA</u>	UNIT/ROOM NUMBER <u>4-20-126</u>
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A. Describe Problem: PRISON CONDITIONS OF NONDISCIPLINARY SEGREGATED PROGRAM HOUSING UNITS ISCCR 3341.5(b), 3330(d), 3338(f); PENDING CLASSIFICATION 3335(b); AND CONDITIONS 3343 ARE NOT BEING FOLLOWED PER YOUR OWN RULES, AS WELL AS STATE AND FEDERAL LAWS, INVOLVING INMATES IN TREATMENT UNDER THE MENTAL HEALTH SERVICES, AND ONGOING VIOLATION. THIS A 3084.5(a)(3)(d) FOR OPERATIONAL PROCEDURE, AND VIOLATION OF ARMSTRONG, COLEMAN, GILMORE. DIFFICULT EXPLAINING THE PROBLEM THROUGH BUREAUCRATIC MAZE, OF D.O.M., ISCCR, AND LAWS APPLICABLE, INCLUDING A.D.A. "JUDICIAL REVIEW"

If you need more space, attach one additional sheet.

(SEE ATTACH SHEET)

B. Action Requested: IMPROVE CONDITIONS OF SEGREGATED HOUSING UNITS. HOUSING INMATES IN/UNDER THE MENTAL HEALTH SERVICES PENDING CLASSIFICATION IN FOR NON-DISCIPLINARY REASONS. 3343(h) 10 HOURS TO FILLED WITH DAY ROOM IF NO YARD IF GIVEN AND KEEP ONLY LEVEL 3 AND BELOW IN MENTAL HEALTH (CCCMS/EOB) IN 20. BE OUT OF R.C. STATUS UNDER 60 DAYS OR "EXTENDED SERVICES" GIVEN.

Inmate/Parolee Signature: Diego LamadridDate Submitted: 8/26/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1E, Inmate Claim



LAMARCA, S.

P-98764

F4-20-126L

THROUGH 8 U.S.C. § 1252 "CHALLENGES ON
VALIDITY OF THE SYSTEM" AS A PRACTICAL
MATTER MAY BE BEST WAY TO APPROACH THIS
PROBLEM. SINCE "DECLARATORY, INJUNCTIVE OR
OTHER EQUITABLE RELIEF, AND CLASS ACTIONS"
AND CONCERNS REVIEW OF CONSTITUTIONAL AND
STATUTORY VALIDITY OF ANY REGULATION...
WRITTEN POLICY DIRECTIVE, WRITTEN POLICY
GUIDELINE OR PROCEDURE TO IMPLEMENT IT.

IF THIS APPEAL IS NOT TAKEN AS AN
EMERGENCY JUST DENIED IT AND RETURN.

Memorandum

Date: September 21, 2007

To: LaMadrid, D.
P98764
Richard J. Donovan Correctional Facility at Rock Mountain

Subject: **SECOND LEVEL APPEAL RESPONSE**

LOG NO.: RJD-07-01793

APPEAL ISSUE:

It is the appellant's position that his medical/mental condition has not been properly diagnosed, which has led to pain to his hand, allergies and mental health concerns.

The appellant's appeal has been responded to at the Informal and First Level of Review, which resulted in granted decisions. He has been medically evaluated for his complaints on a continuous basis at the Richard J. Donovan Correctional Facility, and has received approximately 19 prescriptions for his conditions.

The appellant's argues that his condition is not improved and is requested proper medication to correct his concerns.

INTERVIEWED BY: Waived in accordance of California Code of Regulations (CRC)
Section 3084.5 (f) (2)

REGULATIONS: The rules governing this issue are California Code of Regulations (CCR), Title 15, Sections:

CCR 3350 – Provisions of Medical Care and Definitions
CCR 3355 – Health Care Examinations

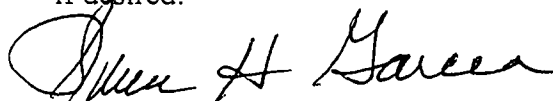
APPEAL RESPONSE:

A review of the "Effective Communication List for Inmates With Test of Adult Basic Education Reading Scores of 4.0 or Less" reveals that the inmate does not require assistance in order to achieve effective communication.

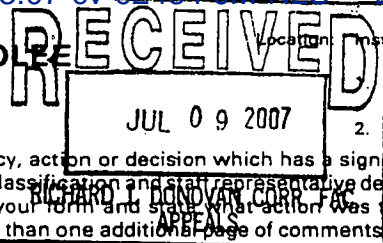
On September 10, 2007, the appellant had transferred to the California Institute for Men, where further medical treatment and evaluations can be performed.

APPEAL DECISION: The appeal is granted the Second Level of Review.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



Silvia H. Garcia
Chief Deputy Warden
California Department of Corrections and Rehabilitation
Richard J. Donovan Correctional Facility at Rock Mountain

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location Institution/Parole Region

RJD

Log No.

07-1793

Category

8
MVD

JUL 09 2007

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state that action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMARIS	P-98764	NA	4-20-126C

A. Describe Problem: I KEEP ON PUTTING MEDICAL REQUEST FOR SAME THINGS AND THEY STILL DO NOT TAKE CARE OF THEM. GLASSES WITH P.O. OR SEE OPTOMETRIST.

MENTAL HEALTH WILL INVOLVE DEEP PERSONAL AND PRIVATE MATTERS. SO I'LL NEED TO TRUST THEM. IN VIOLATION OF PLATA ARMSTRONG AND COLEMAN, WHICH JUST CONTINUES NO MATTER HOW MANY MEDICAL SLIPS OR INMATE REQUEST I PUT IN. WITH 1824! HAND ALLERGIES, & PSYCH.

If you need more space, attach one additional sheet.

B. Action Requested: TO KNOW HOW MUCH CHARGE TILL NOW? IF YOU DID PUT BACK ON BOOKS. P.O. FOR GLASSES OR OPTOMETRIST. ALLERGY HANDS. APPOINTMENT WITH PSYCHOLOGIST & PSYCHIATRIST ALSO ALLERGY(S) THAT DON'T GO AWAY/GET RIGHT MEDICATIONS FROM PSYCH.

Inmate/Parolee Signature:

Nago LaWood

Date Submitted:

7/5/07

C. INFORMAL LEVEL (Date Received:

JUL 17 2007, Partially Granted

Staff Response:

YOU WERE SEEN BY YOUR FACILITY PROVIDER ON JULY 11, A REFERRAL WAS COMPLETED FOR OPTOMETRY, YOU WERE PRESCRIBED BODY LOTION, ALLERGY MEDICATION. IN ORDER TO DISPUTE CHARGES, YOU NEED TO PROVIDE A TRUST ACCOUNTING STATEMENT AND SUPPLY MORE INFORMATION, AS IT IS UNCLEAR NO REQUESTS FOR HEALTH CARE SERVICES WAS LOCATED IN YOUR MEDICAL FILE.

Staff Signature:

Jill Rivera

Date Returned to Inmate:

7/19/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

ALLERGY MEDICATIONS DOCTOR SAID END IN 30 DAYS YET ALLERGIES I'VE HAD FOR 30 YEARS. TO RE-FILL ALL ALLERGY MEDICATIONS TILL RELEASE. ALSO FIX RIGHT INDEX FINGER THAT HAS LIMITED MOBILITY WITH EXCESSIVE PAIN, AND BACK YOU HAVE HISTORY. TWO (2) PSYCH MEDICATION HAVE ENDED WITH NO RE-FILL, NEED RIGHT ONES.

Signature:

Nago LaWood

Date Submitted:

7/24/07

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

07-1793

First Level: ☒ Granted ☐ P. Granted ☐ Denied ☐ Other SEP 07 2007

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: JUL 27 2007 Due Date: 08

Interviewed by: PER PATIENT PROFILE, YOU HAVE BEEN PRESCRIBED ALLERGY MEDICATION AND PSYCH MEDS FOR 90 DAYS. YOU HAVE NOT BEEN ENDORSED AS OF YET, NO RELEASE DATE FOR PRESCRIPTION RENEWALS. PER X-RAY TAKEN 5/30/07 YOU HAVE A HEALED FRACTURE AND YOU ARE CURRENTLY PRESCRIBED PAIN MEDICATION. IF YOU HAVE BACK PAIN COMPLETE A HEALTHCARE SERVICES REQUEST FORM TO BE SEEN BY YOUR FACILITY PROVIDER. YOUR APPOINTMENT WAS 8/1/07 WITH A PSYCHIATRIST AND 7/26/07 WITH A PSYCHOLOGIST

Staff Signature: [Signature] Title: SM [Signature] Date Completed: 8-14-07

Division Head Approved: [Signature] Title: SPNTH Returned: AUG 16 2007

Signature: [Signature] Title: [Signature] Date to Inmate: [Signature]

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response. GRANTED - WELL IN COMPLETE EXTREME PAIN, IF MOVE @ INDEX FINGER PER X-RAY 8/19/07 STILL BROKEN. FEW SYMPTOMS BUT NOT LIMITED TO SLEEPINESS, CONFUSION, LACK

OF BALANCE, DIZZINESS, LIGHT HEADS FROM VERY BAD BODY TEMPERATURE CONTROL. AZMA IS GOING REAL TROUBLE. VIOLATION STILL OF PRADA COLEMAN & ARMSTRONG. THAT IS RESULT OF 19 MEDICATION AND HEAT STRESS, POOR AIR FLOW, NEED MEDICATION ADJUSTMENT, COMPLY WITH 1829. REP-C PROBLEMS AND STRESS

Signature: [Signature] Date Submitted: 8/26/07

Second Level: ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: AUG 22 2007 Due Date: SEP 20 2007

☒ See Attached Letter

Signature: M. STOUT [Signature] Date Completed: 9/21/07

Warden/Superintendent Signature: [Signature] Date Returned to Inmate: SEP 25 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

*** PATIENT PROFILE ***

P-98764 LAMADRID, DIEGO

CURRENT UNIT: B20-126L

ALLERGIES:

DOB: / /

HT: ft in

WT: 0

START	Rx/Qty	DRUG	PHYSICIAN	STOP
07/11/2007	924468	IBUPROFEN 800MG	SILVA, JASON	10/09/2007
NG	60	TAKE 1 TABLET EVERY 8HRS AS NEEDED FOR PAIN RR		B20-126L
07/11/2007	924478	TRIAMCINOLON 0.1% CR 80GM	SILVA, JASON	10/09/2007
NG	1	APPLY TO AFFECTED AREA TWICE DAILY AS NEEDED		B20-126L
07/11/2007	924480	BODY LOTION 266ML	SILVA, JASON	10/09/2007
NG	0	APPLY AS DIRECTED *NF NEEDS APPROVAL*		B20-126L
07/11/2007	924484	SELENIUM SULFIDE 2.5% LOT	SILVA, JASON	10/09/2007
NG	1	APPLY AS DIRECTED RR		B20-126L
07/24/2007	930679	ARTIF TEARS OPH SOLN 15ML	SHUTE, GARY	10/22/2007
ABB	1	INSTILL 1 DROP TO EACH EYES EVERY 3HRS RR		B20-126L
08/03/2007	935024	ALBUTEROL SULFATE HFA INH	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS EVERY 4-6HR AS NEEDED RR		B20-126L
08/03/2007	935026	TRIAMCINOLONE (AZMACORT)	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS DAILY IN THE MORNING AND AT BEDTIME RR		B20-126L
08/03/2007	935028	OMEPRazole 20MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935030	ACETAMINOPHEN 325MG	LEHV, LEVI	11/01/2007
LB	60	TAKE 2 TABLETS EVERY 4-6 HOURS AS NEEDED RR		B20-126L
08/03/2007	935033	FLUNISOLIDE NASAL SPRAY	LEHV, LEVI	11/01/2007
LB	1	2 SPRAYS TO EACH NOSTRIL TWICE A DAY (MAX 1 BOT/90D		B20-126L
08/03/2007	935035	LORATADINE 10MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 TABLET DAILY AR		B20-126L
08/03/2007	935036	HYDROCORTISONE CR 1% 30GM	LEHV, LEVI	11/01/2007
LB	1	APPLY TO AFFECTED AREA TWICE DAILY RR		B20-126L
08/03/2007	935038	DOCUSATE SODIUM 100MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935039	METHOCARBAMOL 750MG	LEHV, LEVI	11/01/2007
LB	45	TAKE 1 TABLET 3 TIMES DAILY AR/15D		B20-126L
08/07/2007	937011	VALPROIC ACID 250MG	RAMSEY, H.	11/05/2007
NG	120	4 PO QPM AR		B20-126L

*** PATIENT PROFILE ***

P-98764 LAMADRID, DIEGO CURRENT UNIT: B20-126L
ALLERGIES: DOB: / / HT: ft in WT: 0
=====

START	Rx/Qty	DRUG	PHYSICIAN	STOP
08/07/2007	937013	SERTRALINE 100MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937015	ARIPIPIRAZOLE 10MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937016	TRAZODONE 50MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937018	DIPHENHYDRAMINE 50MG*	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L

INMATE APPEAL ROUTE SLIP

To: MED

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL

Due Date: 09/07/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ROUTE SLIP

To: APPEALS

Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: MEDICAL

Due Date: 09/20/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

CERTIFIED STATEMENT OF TRUST ACCOUNT

Case 3:07-cv-02434-JM-NLS Document 1-2 Filed 12/26/2007 Page 95 of 118

I, LAMADRID, DIEGO, P-98764, F4-20-126LOW
Name: CDC #: Housing Unit

am seeking to bring a civil action or appeal a judgment in
U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA without prepayment of fees
Title of the Court: (i.e. U. S. District Court)
(In Forma Pauperis) pursuant to 28 U.S.C. 1915(a)(2).

Enter the caption for the legal action:

CA. DEP'T OF CORRECTION B.P.H. v. DIEGO H. LAMADRID
Plaintiff: Defendant:

Address of the Court: U.S. DISTRICT COURT SOUTHERN DISTRICT OF CA.
880 FRONT STREET, Ste 4290
SAN DIEGO, CA. 92101-8960

In order to proceed, a certified copy of my Trust Fund Account must be submitted to the court of jurisdiction. I understand that CDC regulations and the court require that the certified copy be submitted directly to the Court from the Institution's Accounting office. I request a statment be sent to the court.

Diego H. Madrid
Inmate Signature:

This form must be submitted to the Central Librarian who will log the request in and forward the form to the Accounting office at the institution for processing.

The Inmate Request For Certified Statement Of Trust Account was received in the Central Library on, 8/27/07,
Date:
by A.R. Peterson
Name of Librarian who logged request

A Certified Statement Of Trust Account for a six month period from 9-7-2007 through 2-01-2007 for the above
Date: Date:
identified inmate was processed through the Accounting Office at the Richard J. Donovan Correctional Facility on, 9-7-2007, by C. Rodriguez
Date: Name of person processing

I, C Rodriguez declare that on, 9-7-2007, I
Name of person processing Date:
deposited the Certified Statement of Trust Account in the United States Postal Service addressed as follows.

Signed: [Signature]
Signature of employee mailing statement

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Lamadrid, Diego
(NAME OF INMATE)

P98764

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Richard J. Donovan Correctional Facility
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

Sept 7, 2007
DATE

C. Rodriguez
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

C. Rodriguez
OFFICER'S FULL NAME (PRINTED)

Account Clerk II
OFFICER'S TITLE/RANK

NOTICE AND DEMAND FOR TRIAL

DC 643 (4/88)

TO THE DISTRICT ATTORNEY, (1) San Diego COUNTY, State of California.

Please take notice that I, (2) Diego Henry La Madrid, Inmate # (3) P-98764

(PRINT NAME IN FULL)

(CDC NUMBER)

of California Institution for Men, was convicted of the crime of (4) H&S 11350

(NAME OF INSTITUTION)

in (5) San Diego County, (6) CA, and was sentenced by said

(STATE)

on or about (7) Sept. of 2005 to a term of (8) 2 yaers

I have reason to believe that the following criminal action is now pending against me in (9) San Diego County.

CHARGES: (10) Don't know WARRANT #: (11)

COURT (Location): (12) Downtown San Diego ARRESTING AGENCY: (13) San Diego

I HEREBY DEMAND A HEARING AND TRIAL OF SAID CRIMINAL ACTION AS PRESCRIBED BY SECTION 1381 OF THE PENAL CODE OF CALIFORNIA.

(14)

DATE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
9/4/1958	male	Hispanic	5'8''	167	black	brown

INSTITUTION NAME AND ADDRESS WHERE INCARCERATED:

California Institution for Men
P.O. Box 500
Chino, CA 91708-0500

OTHER NAMES (Aliases) USED:

(15)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

INMATE'S SIGNATURE

(16)

DATE:

(17) 10/10/07

CII NUMBER:

(18) Don't know

THIS PORTION IS TO BE DETACHED BY THE DISTRICT ATTORNEY'S OFFICE AND RETURNED TO THE CASE RECORDS OFFICE OF THE INSTITUTION WHERE INMATE IS INCARCERATED.

I, _____, District Attorney of the

County of _____, State of California, do hereby acknowledge receipt

of NOTICE AND DEMAND FOR TRIAL, dated _____ by _____

Inmate # _____, of _____

DISTRICT ATTORNEY

STATE OF CALIFORNIA, COUNTY OF:

DATE:

RECEIPT TO BE RETURNED TO: CASE RECORDS OFFICE
California Institution for Men

NAME OF INSTITUTION: _____

ADDRESS: P.O. Box 128

Chino, CA 91708-0128

APPEAL ROUTING SLIP

MIEH 178²Date: 10/18/07Parolee/Inmate Name: La Madrid CDC#: P98764Log#: NIA

TO:

☒ Appeals Coordinator CM☐ Parole Complex Appeal Representative _____☐ Agent of Record _____☐ Case Records South _____

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☐ Please assign to staff for review at _____ level response.☒ Please route original response to inmate/parolee.☐ Copy attached for C-File.☐ Copy attached for your records.☐ _____

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300



October 17, 2007

To: La Madrid, Diego P98764
California Institution for Men
P.O. Box 500
Chino, CA 91708

Informal Response

Mr. La Madrid,

I am in receipt of your CDC 602 requesting your informal level response and property. The Region IV Appeals Office does not receive copies of the informal level responses. I contacted your assigned parole agent, Agent Lamar and was informed that he responded to your appeal and sent the response to you at RJD. The parole unit did not have a copy of the informal level response. Agent Lamar stated that your property is currently at the parole office. According to the inventory receipt that was completed by Agent Tristan, the property includes your glasses and the \$200 money order. The property is sealed and has not been opened.

The parole office will not send your property to the Institution. Your property is at the Chula Vista Parole Complex and it will be returned to you upon your release. Another option you have is to write a letter to you agent instruction him to release your property to a family member. You can have the designated family member report to the Chula Vista I Parole Unit and with proper identification; your property can be released to that individual.

I contacted R&R at CIM on October 17, 2007 and was informed that they would not accept your property and it would be returned to the parole office. The only property R&R will accept is parole dress outs 30 days prior to your release. I was also informed that in order to get glasses sent in to the institution, you would need to be seen by medical and given a prescription. You could then send the prescription out to your family and they could purchase a pair of glasses and have them sent to the Institution.

A handwritten signature in black ink, appearing to read "K.E. Thacker", is located below the typed name.

K.E. Thacker
Parole Agent II, Appeals Coordinator

STATE OF CALIFORNIA

RECEIVED

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

OCT 12 2007

1. _____

1. _____

2. _____

2. _____

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
La Madrid , Diego H.	P-98764	NA	MIEH 175

A. Describe Problem: This is a 1824 appeal because of my glasses that are in the propety taken at the time of the arrest. This is the 5th try. Have been in communication with the appeals coordinator of region IV headquarters (K.E. Thacker agent II) also from R.J.D. appeals coordinator regarding this issue. There is now a money order that is no good since a year has gone bymaking it a 3084.7(e) lost or damaged personal property appeal. The money oder is for \$ 200.00 from a post office. LACK OF MY GLASSES PUT ME IN ARMSTRONG (FED.) THAT IS WHY IT CAN BE A 1824 appeal form. Any questions about it call Attory A. mannia at ROSEN, BIEN & GALVAN Tel. (415) 433-6830.

If you need more space, attach one additional sheet.

B. Action Requested: Please send me a copy and give me an update of the previous 602 on this same matter. If you do/can get my property for it to be mail to me here at CIM ; or to R & R .

Inmate/Parolee Signature:

Diego La Madrid

Date Submitted: 10/10/07

C. INFORMAL LEVEL (Date Received: 10/12/07)

Staff Response:

Partially Granted - update of previous 602
See attached response

Staff Signature:

K.E. Se

Date Returned to Inmate: 10/18/07

D. FORMAL LEVEL

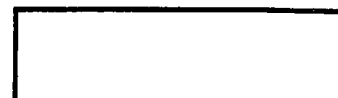
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

September 11, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

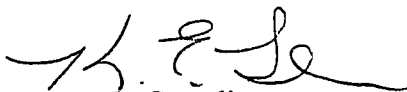
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

Mr. LaMadrid,

Thank you for the information stating that your prior parole agent informed you that he has your property. This is a CDC 602 issue and not an ADA issue. Your appeal from June 26, 2007 was forwarded to the parole unit for an informal response. This is a duplicate appeal issue. I will contact the parole unit to inquire when your previous appeal was completed. If you are dissatisfied with the informal level response please complete section D and return the appeal to Region IV Headquarters.



Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

18. ADA

RECEIVED

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

SEP 10 2007

In processing this request, it will be verified that the inmate/parolee has a disability which is covered
under the Americans With Disabilities Act.

REGION IV APPEALS

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
LA MADRID, Diego	P-98764	NA		F4-20-12640

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

WITHIN 42 U.S.C. 12102, ARMSTRONG, COLEMAN.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE, V.A.

DESCRIBE THE PROBLEM:

THIS IS 5TH TIME TRYING TO RESOLVE 3-14-07 ISSUE. P.O. TRISTAN FROM C.V. OFFICE INFORMED ME AFTER B.P.A. ON LETTER POSTMARKED 4-19-07 HE PUT MY PROPERTY IN EVIDENCE. INCLUDED IN PROPERTY ARE MY GLASSES, WALLET, AND OTHER PERSONAL PROPERTY. NO REGISTRATION AND NO LIABILITY BY ANY ONE.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

NEED PROPERTY THAT P.O. TRISTAN KNOWS WHERE HE PUT IN THESE "PROPERTY" ARE MY GLASSES AND OTHER PERSONAL PROPERTY WHICH I'D LIKE THE WHOLE THING BE SENT TO R.E.R. OR WHERE EVER I'M HOUSED FOR PROPERTY REGISTRATION AND DISPOSITION PER 15 CCR 3190 TO 3193 AND SO INTAKE PER 3075.

Diego La Madrid

INMATE/PAROLEE'S SIGNATURE

Sept 2, 2007

DATE SIGNED

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 29, 2007

LAMADRID, P98764
RJD

20-1264

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Mr. LaMadrid,

Your appeal has been forwarded to the Chula Vista 1 parole unit for an informal level response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

APPEAL ROUTING SLIP

Date: 8/29/07

Parolee/Inmate Name: LaMadrid CDC#: P987641

Log#: NIA

TO: Unit Supervisor - Culebra Vista 1

☐ Appeals Coordinator _____

☒ Parole Complex Appeal Representative _____

☐ Case Records South _____

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☒ Please assign to staff for review at Informed level response.

☐ Please route response to inmate/parolee.

☐ Copy attached for C-File.

☐ Copy attached for your records.

☒ Return completed response to appellant
at RSD within 10 days.

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

RECEIVED

AUG 30 2007

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, procedure, or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMAR, Diego	298764	UA	4-20-12

A. Describe Problem: MY PERSONAL PROPERTY NOT RETURNED. PERSONAL PROPERTY MUST BE REGISTERED, PER 15CCR 319(K). ACCEPT LIABILITY FOR THE LOSS OR DESTRUCTION OF INMATE PROPERTY, PER 15CCR 3193(b). 3084.7(e) IF IT IS NOW LOST. ANY FURTHER ATTEMPT TO CIRCUMVENT APPEAL PROCESS 1ST AMENDMENT OF CONST. OF U.S. I SHALL HAVE TO TREAT AS MISCONDUCT BY A DEPARTMENTAL DEAC OFFICER. ON 3-14-07 WAS STOPPED BY I.N.S., PROPERTY GIVEN TO CDCR. 602 IN THIS MATTER "TREATED IN ULTRA VIRES WAYS", AN ONGOING VIOLATION OF FEDERAL LAW. THIS IS 4TH ATTEMPT IN THIS MATTER. APPEAL COORDINATOR PLEASE RETURN

If you need more space, attach one additional sheet. A COPY TO ME, OF (SEE ATTACH SHEET) THIS 602

B. Action Requested: RETURN OF PROPERTY THROUGH R&R OF INSTITUTION WHERE I AM HOUSED. 3193(b) ACCEPT LIABILITY IF LOSS OR EXPDITE MATTER AS 3084.7(e) LOST OR DAMAGED PERSONAL PROPERTY. A.C. MAKE COPY AND RETURN; 602 TO BE FORWARDED TO C.V., P.D. D. TRISTAN. TIME CONSTRAINT WATCHED. DO INITIAL INTAKE ON PROPERTY PER 15CCR ARTICLE 6.3 § 3075.1 & ARTICLE 9

Inmate/Parolee Signature: _____ Date Submitted: 8/26/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

First Level ☒ Granted ☐ P. Granted ☐ Denied ☒ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

Date: _____

* Appeal Coordinator - SINCE PROBLEMS IN INFORMAL COULD YOU
GIVE THIS APPEAL A LOG NUMBER BEFORE FORWARDING
AND SEND ME A COPY WITH THE LOG NUMBER.

LAMARIS, D. P-98764

F4-20-126 LOW

PERSONAL PROPERTY VALUE OF APPROXIMATE \$900.00
MY PERSONAL GLASSES, LEATHER JACKET (WILSON'S),
\$200.- POSTAL MONEY ORDER, WATCH, WALLET WITH
PERSONAL PROPERTY. AMONG THEM IS EVIDENCE FOR
MY DEFENSE ON APPEAL OF B.P.H. DECISION FOR
REVOCATION OF PAROLE, WHICH I NEED.

OFFICERS FROM BORDER PATROL P. DHANSKY, G. BOLANOS,
N. GONZALES AS WITNESSES TO MY HAVING THIS PROPERTY
THE DAY OF ARREST, AT THE SAN YSIDRO CROSSING ON 3-14-

DIFFICULTY COMMUNICATING, DESCRIBING EFFECTIVELY
THE PROBLEM IN WRITING; PRIMARY LANGUAGE SPANISH.
ISSUES BECOME COMPOUND AND COMPLEX OVER PAST
5 MONTHS.

SPOKE TO P.O. D. TRISTAN OF C.V. PAROLE AFTER
HEARING. HE DID RETURN FIRST 602. I THEN PROCEEDED
TO SEND TO APPEAL COORDINATOR, NEVER HEARD OF
AGAIN.

A THIRD ATTEMPT THROUGH APPEALS
COORDINATOR IN REGION IV, CCI K.E. THACKER
RECEIVED JULY 5TH. THIS ONE STARTED BY
WRITING LETTER IN MAY. GOT RESPONSE AND
SENT A 1824 & 602 ABOUT PROPERTY (WROTE
SAME ISSUE ON BOTH) ON JUNE 19. WHICH
I RECEIVED AS SAID ON JULY 5TH. TO THIS DAY
(FRONT)

HAVE HAD NO RESPONSE FROM THAT APPEAL.

PROOF OF ALL PROPERTY I SPEAK ABOUT
WILL BE ON VIDEO CAMERA WITH I.N.S.
BORDER PATROL IN SAN YSIDRO, ON 3-14-07.

TO COMPLY WITH APPEAL TIMELINES PER
(CRANE V CAMBRA (DEL NORTE SUPERIOR
COURT) CASE NOS. HCPB00-5150 AND 5151
WRIT HABEAS CORPUS DATED FEB. 27, 2002

SEND ME ^{CDC} FORM 1858 AND BOARD OF
CONTROL GOVERNMENT CLAIM FORM (SBOC-
GC-0002)

PART II B. ~~OTHER~~ ~~RE~~ ~~WANT~~ WANT PROPERTY PROCESSED
AS INTAKE IS CR 3075 WHEN IT GETS HERE.
WITHIN TIME CONSTRAINTS, AND NOT STUCK SOMEWHERE
ELSE.

(BACK)

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the SECOND Level

September 12, 2007

LAMADRID, P98764
F42000000000126L

Log Number: RJD-4-07-01079

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

DUPLICATE APPEAL LOG NUMBER 07-1149

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

INMATE APPEAL ROUTE SLIP

To: APPEALS

Date: July 2, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01079 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: LEGAL

Due Date: 07/31/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

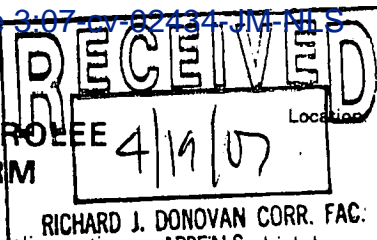
Dup

TD

07-1149

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)



Location Institution/Parole Region

Log No.

Category

1. 07-1079

2. Dup To D7-1149

CCLAL LAW UP

You may appeal any policy, action or ~~decision~~ which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME L.A. MADRID, J. NUMBER P-98764 ASSIGNMENT NA UNIT/ROOM NUMBER F4-20-127

A. Describe Problem: HAVE DIFFICULTY IN WRITTEN ENGLISH. BEEN TRYING TO FIND OUT OF MY COURT HEARING ON CHILDREN WITH NO ANSWER. BUT SHOULD HAVE COURT WITHIN 30 DAYS. NEED ACCESS TO LAW LIBRARY MATERIAL. ALSO GONE TO B.P.T. DISCIPLINARY ACTION COULD BE PUNISHABLE AS A 3315. YET COMPLEXITY OF ISSUES REQUIRE ASSISTANCE. AN ATTORNEY IN INTERNATIONAL LAW WOULD BE HELPFUL. I HAVE TRIED TO GET TO LAW LIBRARY. YOU HAVE T.J.E.'S LAST TIME I TRIED. MAXIMUM CAPACITY SO CAN NOT GET IN LAW LIBRARY. ASSTANCE REQUIRE CONFIDEN -

If you need more space, attach one additional sheet.

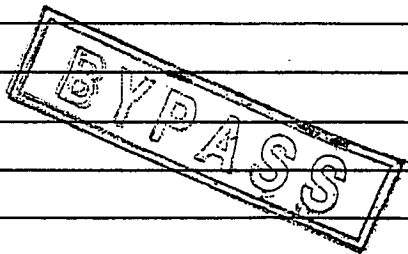
ADDITIONAL SHEET ATTACHED.

B. Action Requested: LAW LIBRARY MATERIAL BE BROUGHT TO QUARTERS. SCHEDULE BE MADE FOR THIS MATTER. THIS BE AN EXCEPTION TO REGULAR APPEAL PROCESS BECAUSE OF TIME CONSTRAINTS. ASSISTANCE AND INVESTIGATIVE EMPLOYEE WITH ADDITIONAL SHEET REQUIREMENTS. TELL ME JUVENAL COURT DATE. ATTACHE.

Inmate/Parolee Signature: Diego LaMadrid Date Submitted: 4/15/07

C. INFORMAL LEVEL (Date Received: _____)

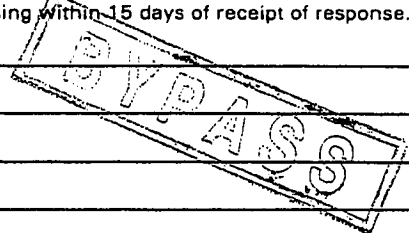
Staff Response: _____



Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.



Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

07-1079

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

MAY 01 2007

Due Date: JUN 01 2007

Interviewed by: Ms. C. Vallejos on May 22, 2007See attached.Staff Signature: Ms. C. VallejosTitle: AVPDate Completed: 5/25/07Division Head Approved: [Signature]Title: AVPReturned: JUN 04 2007Signature: [Signature]Date to Inmate: 5/31/07

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

THE SHEET I ATTACHED IS NOT HERE! I ALSO AGREED WITH ON PAROLE, PER P.C. 3001. GRATED -
IF CAN TEACH TO WRITE ENGLISH IN TIME TO PLEAD APPEAL. SERVED - DID NOT ASK EDUCATION DEPT. TO GET ATTORNEY
IF T.E. FILL LAW LIBRARY HOW DO I GET LAW MATERIALS? THE SIMON WILL NOT EVEN GIVE ADDRESSES NEEDED!
BLVD 20 ONLY 1 DAY A WEEK MATERIALS 8 YEARS OLD ALSO, WHERE IS PROPERTY P.O. HAS?

Signature: [Signature]Date Submitted: 6/21/07Second Level ☐ Granted ☐ P. Granted ☐ Denied ☒ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:

JUL 02 2007

Due Date: JUL 31 2007

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

DEFINITELY NOT A DUPLICATE. ONE AS E.O.P IN 1 YEAR AND
THE OTHER AS OCCURS IN 4 YEARS. APPEALS COORDINATOR
PLEASE SEND ME A COPY OF BOTH FOR THE RECORDS

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☒ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OF INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
ACCOMMODATION REQUEST		18. ADA
CDC 1824 (1/95)		

DUPLICATE

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
LAMAR, D	P-98764	NA		F4-20-127 Low

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

BIPOLAR, DEPRESSION, ECT.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE, AM E.O.P. WAS CC@MS

DESCRIBE THE PROBLEM:

JUVENAL COURT HEARING AND ACCESS TO COURTS. HAVE PROBLEM IN WRITTEN ENGLISH. ACCUSED OF ALLEGED BEHAVIOR IN MEXICO. ATTACHED IS 602.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

INMATE ACCESS TO COURTS PER 3160. ALSO 3162, 3164, 3165, 3085. LAW LIBRARY MATERIALS AND COPY TO COURTS. NEED FORMS ALSO. PARALEGAL, INVESTIGATOR, LEGAL RUNNER, S.D. DIRECTORY WHITE & YELLOW PAGES. ANSWER TO ALL QUESTIONS OF HOW TO DO IT!

[Signature]
INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

4/15/07

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
 CDC 1824 (1/95)

REVIEWER'S ACTION

TYPE OF ADA ISSUE

DATE ASSIGNED TO REVIEWER:

DATE DUE:

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☐ Auxiliary Aid or Device Requested

☐ Other _____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OF INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
ACCOMMODATION REQUEST		18. ADA
CDC 1824 (1/95)		

DUPLICATE

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
LAMAR, D	P-98764	NA		F4-20-127 Low

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

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To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

BIPOLAR, DEPRESSION, ECT.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-FILE, AM E.O.P. WAS CC@MS

DESCRIBE THE PROBLEM:

JUVENAL COURT HEARING AND ACCESS TO COURTS. HAVE PROBLEM IN WRITTEN ENGLISH. ACCUSED OF ALLEGED BEHAVIOR IN MEXICO. ATTACHED IS 602.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

INMATE ACCESS TO COURTS PER 3160. ALSO 3162 3164 3165. 3085. LAW LIBRARY MATERIALS AND COPY TO COURTS. NEED FORMS ALSO. PARALEGAL INVESTIGATOR, LEGAL RUNNER, S.D. DIRECTORY WHITE & YELLOW PAGES. ANSWER TO ALL QUESTIONS OF HOW TO DO IT!

[Signature]
INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

4/15/07

INMATE APPEAL ROUTE SLIP

To: EDUC

Date: May 1, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01079 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: LEGAL

Due Date: 06/01/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

FIRST LEVEL REVIEW

DATE: May 24, 2007

NAME: LAMADRID, D.

CDC NO: P98764

APPEAL NO: RJD-4-07-01079

FIRST LEVEL REVIEW

APPEAL ISSUE: **PARTIALLY-GRANTED**

You want Law Material brought to your housing unit and/or access to the Law Library. You also want to know your court dates and an attorney.

APPEAL RESPONSE: In reaching a decision on this issue, a thorough review of your appeal was conducted. Ms. C. Van Cleave, Vice-Principal, interviewed you on May 22, 2007. Even though you reside in the Reception Center Facility, you still have access to the Law Library.

Inmates who have Judicial Exception (JE) status have priority over other inmates who do not have JE status. Even if your building or facility is locked down, you may still ask a correctional officer to escort you to the library, provided there is available room in the library. You have the opportunity to go to the Law Library using the schedule of library hours and days, which are enclosed.

If you have difficulty with written English, you can request your CCI to go to classification and place you in an educational class. This is GRANTED.

The Education Department and the library staff do not provide attorneys nor do we handle court dates. You would have to speak with your attorney and Correctional Counselor I (CCI) about those issues. This part of your complaint is DENIED.

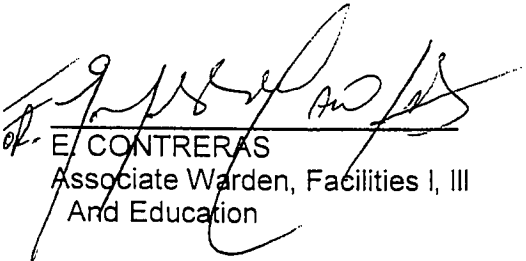
Therefore, based upon the aforementioned information, the First Level of Review is **PARTIALLY-GRANTED**.



C. VAN CLEAVE
Academic Vice-Principal
R. J. Donovan C. F.

5-25-07

Date



E. CONTRERAS
Associate Warden, Facilities I, III
And Education

5/20/07

Date

INMATE APPEAL ROUTE SLIP

To: MED

Date: July 16, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01692 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL

Due Date: 08/27/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility